#### Case 20-30447-hdh7 Doc 8 Filed 02/07/20 Entered 02/07/20 14:13:39 Page 1 of 30

| Fill in this in     | formation to ide    | ntify your case and this      | filing:   |  |
|---------------------|---------------------|-------------------------------|-----------|--|
| Debtor 1            | Jeremy Jame         | s                             |           |  |
|                     | First Name          | Mic'ille Name                 | Last Name |  |
| Debtor 2            |                     |                               |           |  |
| (Spouse, if filing) | First Name          | Middle Name                   | Last Name |  |
| United States E     | ankruptcy Court for | r the: Northern District of T | exas      |  |

FEB 07 2020 Check if this is an amended filing CLERK, U.S. DENVERUPTCY COURT

## Official Form 106A/B

## Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

| .1. | es. Where is the property?  Street address, if available, or other description           | What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building Condominium or cooperative   | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clair   | d claims on Schedule D<br>ms Secured by Property  |
|-----|--|---|---|---|
|     |  | Manufactured or mobile home   | Current value of the entire property?   | current value of the portion you own?   |
|     |  | Land Investment property  | \$  | \$  |
|     | City State ZIP Code  | _ Timeshare   | Describe the nature of interest (such as fee the entireties, or a life  | simple, tenancy by  |
|     |  | Who has an interest in the property? Check one.   | •   | ,   |
|     | County   | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  | Check if this is co (see instructions)  | mmunity property  |
|     |  | Other information you wish to add about this it   | em, such as local   |   |
|     |  | Other information you wish to add about this it property identification number:   | em, such as local   |   |
|     | own or have more than one, list here:  | what is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  | Do not deduct secured cla<br>the amount of any secured<br>Creditors Who Have Clain  | d claims on Schedule D.   |
|     | own or have more than one, list here: Street address, if available, or other description | what is the property? Check all that apply.  Single-family home   | Do not deduct secured cla   | d claims on Schedule D:<br>ns Secured by Property.  |
|     |  | what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land                                     | Do not deduct secured cla<br>the amount of any secured<br>Creditors Who Have Clain  | d claims on Schedule D:<br>ns Secured by Property.  Current value of the<br>portion you own?                                    |
|     |  | what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other | Do not deduct secured cla<br>the amount of any secured<br>Creditors Who Have Clain<br>Current value of the<br>entire property?  | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$  f your ownership simple, tenancy by |
|     | Street address, if available, or other description                                       | what is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land Investment property  Timeshare  | Do not deduct secured cla the amount of any secured Creditors Who Have Clain  Current value of the entire property?  \$  Describe the nature of interest (such as fee s | d claims on Schedule D; ns Secured by Property.  Current value of the portion you own?  \$  f your ownership simple, tenancy by |

|  |   |  | What is the presented Charletter   |   |  |
|--|---|--|--|---|--|
| 1.5  | 3. Street address. if availal   |  | What is the property? Check all that apply.  Single-family home  | Do not deduct secured cl<br>the amount of any secure<br>Creditors Who Have Clair  | d claims on Schoolule D  |
|  | Street address, if availal  | ole, or other description  | <ul> <li>□ Duplex or multi-unit building</li> <li>□ Condominium or cooperative</li> <li>□ Manufactured or mobile home</li> </ul>   | Current value of the entire property?   |  |
|  |   |  | Land   | \$  | \$   |
|  |   |  | ☐ Investment property  |   | ·  |
|  | City  | State ZIP Code   | Timeshare  | Describe the nature of  | of your ownership  |
|  |   |  | Other  | interest (such as fee<br>the entireties, or a life  | simple, tenancy by<br>e estate), if known.   |
|  |   |  | Who has an interest in the property? Check one.  |   | - <del></del>  |
|  | County  |  | Debtor 1 only  |   |  |
|  | County  |  | Debtor 2 only  |   |  |
|  |   |  | Debtor 1 and Debtor 2 only   |   | mmunity property   |
|  |   |  | ☐ At least one of the debtors and another  | (see instructions)  |  |
|  |   |  | Other information you wish to add about this ite property identification number:   | em, such as local   |  |
|  |   |  | ll of your entries from Part 1, including any entries  |   | \$ 0.00  |
| уоц  | have attached for Pari  | 1. Write that number h   | nere   | →   | \$0.00   |
|  |   |  | st in any vehicles, whether they are registered or   | not? Include any vehicles   |  |
| Do you<br>you own<br>B. Cars                         | own, lease, or have lend that someone else drives, vans, trucks, tractors   | gal or equitable interes   | st in any vehicles, whether they are registered or a<br>e, also report it on Schedule G: Executory Contracts a<br>, motorcycles  | not? Include any vehicles<br>and Unexpired Leases.  |  |
| ou owi   | own, lease, or have lend that someone else drives, vans, trucks, tractors   | gal or equitable interes<br>es. If you lease a vehicle<br>s, sport utility vehicles  | e, also report it on <i>Schedule G: Executory Contracts a</i><br>, motorcycles   | not? Include any vehicles<br>and Unexpired Leases.  |  |
| Do you<br>you own<br>B. Cars                         | own, lease, or have lend that someone else drives, vans, trucks, tractors   | gal or equitable intereses. If you lease a vehicles, sport utility vehicles,   | e, also report it on Schedule G: Executory Contracts and motorcycles  Who has an interest in the property? Check one.  | and Unexpired Leases.  Do not deduct secured cla  | ims or exemptions. Put   |
| Do you<br>you own<br>B. Cars                         | own, lease, or have lead that someone else drives, vans, trucks, tractors   | gal or equitable interes<br>es. If you lease a vehicle<br>s, sport utility vehicles  | who has an interest in the property? Check one.  | and Unexpired Leases.  Do not deduct secured claithe amount of any secured  | ims or exemptions. Put<br>I claims on <i>Schedule D:</i>   |
| Do you<br>you own<br>B. Cars                         | own, lease, or have lead that someone else drives, vans, trucks, tractors   | gal or equitable intereses. If you lease a vehicles, sport utility vehicles,   | who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  | Do not deduct secured cla<br>the amount of any secured<br>Creditors Who Have Claim  | ims or exemptions. Put<br>I claims on <i>Schedule D:</i><br>Is Secured by Property.  |
| Do you<br>you own<br>B. Cars                         | own, lease, or have lead that someone else drives, vans, trucks, tractors No Yes Make: Model:   | gal or equitable interes es. If you lease a vehicle s, sport utility vehicles Ford Transit Con   | who has an interest in the property? Check one.  | and Unexpired Leases.  Do not deduct secured claithe amount of any secured  | ims or exemptions. Put<br>I claims on <i>Schedule D:</i>   |
| Do you<br>you own<br>B. Cars                         | own, lease, or have lead that someone else drives, vans, trucks, tractors No Yes  Make:  Model: Year:   | gal or equitable intereses. If you lease a vehicles, sport utility vehicles.  Ford Transit Con 2014                                      | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | Do not deduct secured claimed the amount of any secured Creditors Who Have Claimed Current value of the entire property?  | ims or exemptions. Put I claims on <i>Schedule D:</i> as <i>Secured by Property.</i> Current value of the portion you own?   |
| Do you<br>you own<br>B. Cars                         | own, lease, or have lead that someone else drives, vans, trucks, tractors No Yes  Make:  Model:  Year:  Approximate mileage:  | gal or equitable intereses. If you lease a vehicles, sport utility vehicles.  Ford Transit Con 2014                                      | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see  | Do not deduct secured clathe amount of any secured Creditors Who Have Claim.  Current value of the  | ims or exemptions. Put<br>I claims on <i>Schedule D</i> :<br>is Secured by Property.<br>Current value of the   |
| Do you<br>you own<br>B. Cars                         | own, lease, or have lead that someone else drives, vans, trucks, tractors No Yes  Make:  Model:  Year:  Approximate mileage:  | gal or equitable intereses. If you lease a vehicles, sport utility vehicles.  Ford Transit Con 2014                                      | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  | Do not deduct secured claimed the amount of any secured Creditors Who Have Claimed Current value of the entire property?  | ims or exemptions. Put I claims on <i>Schedule D:</i> as <i>Secured by Property.</i> Current value of the portion you own?   |
| Do you you ow ou | own, lease, or have lead that someone else drives, vans, trucks, tractors No Yes  Make:  Model:  Year:  Approximate mileage:  | gal or equitable intereses. If you lease a vehicles, sport utility vehicles.  Ford Transit Con 2014 50000                                | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see  | Do not deduct secured claimed the amount of any secured Creditors Who Have Claimed Current value of the entire property?  | ims or exemptions. Put I claims on <i>Schedule D:</i> as <i>Secured by Property.</i> Current value of the portion you own?   |
| Do you you own as. Cars                              | own, lease, or have lead that someone else drives, vans, trucks, tractors No Yes  Make:  Model:  Year:  Approximate mileage: Other information:   | gal or equitable intereses. If you lease a vehicles, sport utility vehicles.  Ford Transit Con 2014 50000                                | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see  | Do not deduct secured clathe amount of any secured Creditors Who Have Claim  Current value of the entire property?  \$ 11,000.00  | ims or exemptions. Put I claims on <i>Schedule D:</i> Is Secured by Property.  Current value of the portion you own?  \$11,000.00  |
| Do you you ow ou | own, lease, or have lead that someone else drives, vans, trucks, tractors No Yes  Make:  Model:  Year:  Approximate mileage: Other information:   | gal or equitable intereses. If you lease a vehicle ses. If you lease a vehicle ses, sport utility vehicles.  Ford Transit Con 2014 50000 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)   | Do not deduct secured clathe amount of any secured Creditors Who Have Claim  Current value of the entire property?  \$ 11,000.00  | ims or exemptions. Put I claims on Schedule D: Is Secured by Property.  Current value of the portion you own?  \$11,000.00  ms or exemptions. Put claims on Schedule D:  |
| Do you you own as. Cars                              | own, lease, or have lead that someone else drives, vans, trucks, tractors No Yes  Make:  Model:  Year:  Approximate mileage: Other information:  u own or have more than Make: Model:       | Ford Transit Con 2014 50000  one, describe here: 2008 Mercury  | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  | Do not deduct secured claithe amount of any secured Creditors Who Have Claim  Current value of the entire property?  \$ 11,000.00  Do not deduct secured claithe amount of any secured Creditors Who Have Claim                       | ims or exemptions. Put I claims on Schedule D: Is Secured by Property.  Current value of the portion you own?  \$11,000.00  ms or exemptions. Put claims on Schedule D:  |
| Do you you own as. Cars                              | own, lease, or have lead that someone else drives, vans, trucks, tractors No Yes  Make:  Model:  Year:  Approximate mileage: Other information:  u own or have more than Make: Model: Year: | gal or equitable intereses. If you lease a vehicles, sport utility vehicles, sport utility vehicles, Transit Con 2014 50000              | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.                           | Do not deduct secured claithe amount of any secured Creditors Who Have Claim  Current value of the entire property?  \$ 11,000.00  Do not deduct secured claithe amount of any secured Creditors Who Have Claim  Current value of the | ims or exemptions. Put I claims on Schedule D: as Secured by Property.  Current value of the portion you own?  \$ 11,000.00  This or exemptions. Put claims on Schedule D: as Secured by Property.  Current value of the |
| Do you you own as. Cars                              | own, lease, or have lead that someone else drives, vans, trucks, tractors No Yes  Make:  Model:  Year:  Approximate mileage: Other information:  u own or have more than Make: Model:       | Ford Transit Con 2014 50000  one, describe here: 2008 Mercury  | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. | Do not deduct secured claithe amount of any secured Creditors Who Have Claim  Current value of the entire property?  \$ 11,000.00  Do not deduct secured claithe amount of any secured Creditors Who Have Claim                       | ims or exemptions. Put I claims on Schedule D: as Secured by Property.  Current value of the portion you own?  \$ 11,000.00  ms or exemptions. Put claims on Schedule D: as Secured by Property.                         |

Debtor 1

30447-hdh7 Doc 8 Filed 02/07/20 Entered 02/07/20 14:13:39 Page 3 of 30 Case number (if knot Who has an interest in the property? Check one. 3.3. Make: Do not deduct secured claims or exemptions, Put the amount of any secured claims on Schedule D. Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. 3.4. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only portion you own? entire property? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ☐ No ☐ Yes Who has an interest in the property? Check one. 4.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 4.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property.

At least one of the debtors and another

☐ Check if this is community property (see

Year:

Other information:

Debtor 2 only

instructions)

Debtor 1 and Debtor 2 only

Current value of the

portion you own?

Current value of the

entire property?

| P   | art 3: Describe You                  | r Personal and Ho  | usehold Items  |  |  |
|-----|--------------------------------------|--|--|--|--|
| De  | o you own or have any le             | egal or equitable inter  | rest in any of the following items?  |  | Current value of the portion you own?  Do not deduct secured claims or exemptions.   |
| 6.  | Household goods and f                | furnishings  |  |  |  |
|     | Examples: Major applian              | _  | china, kitchenware   |  |  |
|     | ☑ No                                 |  |  |  |  |
|     | Yes. Describe                        |  |  |  | to the second se |
|     |                                      | nostinospidoses de la pageon una notica delicitad  | Total Total  |  | Φ  |
| 7.  | Electronics                          |  |  |  |  |
|     | collections; el                      |  | o, stereo, and digital equipment; com<br>ding cell phones, cameras, media pl   |  |  |
|     | No No                                |  | F. Record Condition  | and a second-control of details described by appropriate the second displace.  | n In was provide   |
|     | Yes. Describe                        |  |  |  | \$300.00   |
| 0   | Collectibles of value                | The Man Water Service and a minutesian scarcest morrish and  | the presentation of the section of t | in the final section of the section  |  |
| 8.  | Examples: Antiques and               | or baseball card collect   | ints, or other artwork; books, picture<br>tions; other collections, memorabilia  | , collectibles   |  |
|     | Yes. Describe                        |  |  |  | \$   |
| 9.  | Equipment for sports ar              |  | State of the second of the second second second second of the second of  | Conference of the state of the  | MIP stare  |
| •   | Examples: Sports, photog             |  | other hobby equipment; bicycles, political instruments   | ool tables, golf clubs, skis; canoes   |  |
|     | ☑ No                                 | 100-75c x 1  |  | . Dame 1-reportation . Add . add seedings . seedings .   |  |
|     | Yes. Describe                        |  |  |  | <b>d</b>   |
|     |                                      | and transmis his in Americanism figs in  | 67 INTO 400-BERGERENO MONTH BY MARKETINA AND AND AND AND AND AND AND AND AND A   | The second section of the control of | \$   |
| 10. | Firearms                             |  |  |  |  |
|     | Examples: Pistols, rifles,           |  | , and related equipment  |  |  |
|     | ☐ Yes. Describe                      |  |  |  | \$   |
|     | į,                                   |  | LOSS TO THE NAME OF PROPERTY OF THE PROPERTY OF THE SECOND | define the property of the state of the stat | - 24   |
| 11. | Clothes                              |  |  |  |  |
|     | ☐ No                                 | and the first of t | , designer wear, shoes, accessories  | ) H without some to come   |  |
|     | Yes. Describe                        | <b>Everyday Clothes</b>  | and Shoes  |  | \$1,000.00   |
|     | ļ.                                   | and the second of the second o | Annual states and states of English to English the States of State | Mr. Mr. Martin Annahalanay (Mr. M. Mart of Annahalana)   | · · · · · ·  |
| 12. | Jewelry                              |  |  |  |  |
|     | Examples: Everyday jewe gold, silver | elry, costume jewelry, e   | engagement rings, wedding rings, ho  | eirloom jewelry, watches, gems,  |  |
|     | ☑ No                                 | NUT A SOMEONIA CONT. NO. OF STREET   | 64 Sales (Antalon Market) - May Agri Sales Sales (May May May May May May May May May May  | The state of the s | F42 - X1 - 44 S <sub>1</sub>   |
|     | Yes. Describe                        |  |  |  | \$   |
| 10  | Non-farm animals                     | V = nkiyt  | William Amer   | " SERIE " MARRIE VIII" M-  |  |
| 13. |                                      | d- b   |  |  |  |
|     | Examples: Dogs, cats, bir            | us, norses   |  |  |  |
|     | No No                                | The state of the s |  | The second secon | entendary surs, 5°   |
|     | Yes. Describe                        |  |  |  | \$   |
| 14. | Any other personal and l             |  | ı did not already list, including an   |  | to we would  |
|     | ☑ No                                 |  |  |  |  |
|     | Yes. Give specific                   | Seeding Seed of Committee and Seeding  | or common shared ampetic revides 24.178 uness to Moral Advisor Science de  | and one "almost of Notes Very tree to the same "along the same to  |  |
|     | information                          |  |  |  | \$   |

for Part 3. Write that number here .....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

1,300.00

#### Part 4: **Describe Your Financial Assets**

| Do you own or have any                     | / legal or equitable interest in   | any of the following?  |                           | Current value portion you ov Do not deduct sec or exemptions | vn?   |
|--|--|--|---------------------------|--|-------|
| 16. <b>Cash</b> <i>Examples:</i> Money you | have in your wallet, in your hom   | ne, in a safe deposit box, and on hand when you file   | your petition             |  |       |
| No No                                      |  | 24 - 47  |                           |  |       |
| ☐ Yes                                      |  |  | ash:                      | \$   |       |
| and other s                                | savings, or other financial accou<br>similar institutions. If you have m | nts; certificates of deposit; shares in credit unions, t<br>ultiple accounts with the same institution, list each. | orokerage house <b>s,</b> |  |       |
| No Yes                                     |  | Institution name:  |                           |  |       |
|  | 17.1. Checking account:  | Chase Bank   |                           | \$   | 0.00  |
|  | 17.2. Checking account:  |  |                           | \$   |       |
|  | 17.3. Savings account:   | Chase Bank   |                           | \$   | 33.30 |
|  | 17.4. Savings account:   | Ally Bank  |                           | \$   | 0.69  |
|  | 17.5. Certificates of deposit:   |  |                           | \$   |       |
|  | 17.6. Other financial account:   | CAFCU  |                           | \$   | 0.00  |
|  | 17.7. Other financial account:   |  |                           | ¢  |       |
|  | 17.8. Other financial account:   |  |                           | \$   |       |
|  | 17.9. Other financial account:   |  |                           | \$   |       |
|  |  |  |                           | <u> </u>   |       |
|  | or publicly traded stocks  | erage firms, money market accounts   |                           |  |       |
| No No                                      |  | nage iime, mene, manet assessite   |                           |  |       |
| ☐ Yes                                      | Institution or issuer name:  |  |                           |  |       |
|  |  |  |                           | \$   |       |
|  |  |  |                           | \$   |       |
|  |  |  |                           | \$   |       |
| 9. Non-publicly traded s                   | tock and interests in incorpor   | ated and unincorporated businesses, including  | an interest in            |  |       |
| an LLC, partnership, a                     |  | ,,   |                           |  |       |
| No No                                      | Name of entity:  |  | of ownership:             |  |       |
| Yes. Give specific information about       |  |  | %%<br>% %                 | \$   |       |
| them                                       |  |  |                           | \$   |       |
|  |  |  | <del>//6</del> %          | \$   |       |

| or 1 Jeremy Jai<br>First Name                       | Middle Name   | DC 8 Filed 02/07/20  | Entered 02/07/20 14:13:39  Case number (# known)                                | Page 6 of 30   |
|---|---|--|---|----------------|
| legotiable instruments                              | include personal ch   | ther negotiable and non-negotiable and negotiable and ne | ssory notes, and money orders.  |                |
| No Yes. Give specific information about             | Issuer name:  |  |   |                |
| them  |   |  |   | \$             |
|   | * 1   |  | 72) · · · · · · · · · · · · · · · · · · ·                                       | <del></del> \$ |
|   |   |  |   | <del></del> \$ |
| Retirement or pension Examples: Interests in II  No |   | 401(k), 403(b), thrift savings a   | accounts, or other pension or profit-sharing                                    | plans          |
| Yes. List each account separately.                  | Type of account:  | Institution name:  |   |                |
|   | 401(k) or similar plan  | n:   |   | <u> </u>       |
|   | Pension plan:   |  |   | <b></b>        |
|   | IRA:  |  |   | <b></b>        |
|   | Retirement account:   | :  |   |                |
|   | Keogh:  |  |   | \$             |
|   | Additional account:   |  |   |                |
|   |   |  |   |                |
|   | Additional account:   | E  |   | \$             |
| Examples: Agreements companies, or others           | d deposits you have   |  | ue service or u <b>se</b> from a company<br>ic, gas, water), telecommunications |                |
| <b>№</b> No   | 1   | nstitution name or individual:   |   |                |
|   | ı   |  |   |                |
|   | Electric:   |  |   | <del></del>    |
|   |   |  |   | \$<br>\$       |
|   | Electric:   |  |   |                |
|   | Electric: Gas: Heating oil:   | rental unit:   |   |                |
|   | Electric: Gas: Heating oil:   | ental unit:  |   |                |
|   | Electric:  Gas: Heating oil: Security deposit on r                          | ental unit:  |   |                |
| ☑ Yes   | Electric:  Gas:  Heating oll:  Security deposit on r  Prepaid rent:         | rental unit:   |   |                |
|   | Electric:  Gas: Heating oll: Security deposit on r Prepaid rent: Telephone: | ental unit:  |   |                |

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

| No  |                              |    |
|-----|------------------------------|----|
| Yes | Issuer name and description: |    |
|     |                              | \$ |
|     |                              | \$ |
|     |                              | _  |

Ø 

447-hdh7 Doc 8 Filed 02/07/20 Entered 02/07/20 14:13:39 Page 7 of 30 Case number (if ki 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No No ☐ Yes ...... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ✓ No ☐ Yes. Give specific information about them.... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No No Yes. Give specific information about them. 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No No Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No. ☐ Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years. ..... Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement:

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

✓ No

☐ Yes. Give specific information.....

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| 31. Interests in insurance policies  |  |  |  |
|--|--|--|--|
|  | nce; health savings account (HS  | A); credit, homeowner's, or renter's insurance   |  |
| No   |  |  |  |
| Yes. Name the insurance company of each policy and list its value.   | Company name:  | Beneficiary:   | Surrender or refund value:   |
| ,  |  |  | \$   |
|  |  |  | \$   |
|  |  |  | \$   |
| 32. Any interest in property that is due you   |  |  |  |
| If you are the beneficiary of a living trust, e property because someone has died.                             |  | ance policy, or are currently entitled to receive  |  |
| ☑ No   | Negotivo Jack - 51 ayuse c m-  | MANAGED PARK AND THE PARK TO THE PARK T | NA MATERIAL  |
| ☐ Yes. Give specific information   | i  |  | \$_  |
|  | Victoria and the second  | manus par  | <b>p</b>   |
| 33. Claims against third parties, whether or<br>Examples: Accidents, employment dispute                        |  |  |  |
| ☑ No   | tody cheese oper.  | CONTROL ABOUT CONTROL AND STREET  | -1   |
| Yes. Describe each claim   |  |  | •  |
| 34. Other contingent and unliquidated claim to set off claims  |  | The state of the s |  |
| No   | M NOT THE STREET STREET STREET STREET  | START OF THE START |  |
| Yes. Describe each claim   |  |  | \$   |
|  | world  | TY MAYON TO BE AMERICAN TO ANY THE ANY | .,   |
|  |  |  |  |
| 35. Any financial assets you did not already   | / list   |  |  |
| No Yes. Give specific information  | The appear row. 10 sec. 14   | PLANT BACK TRANSPORT AND   | General Control of the Control of th |
| Tes. dive specific information   | Figure 6 - A Stranger 2 - 3 - 3 All Stranger 2 -   |  | \$   |
| 36. Add the dollar value of all of your entrie   | o from Doub 4 including one o  |  |  |
| for Part 4. Write that number here   |  |  | s_ 7.56  |
|  |  |  |  |
|  |  |  |  |
| Part 5: Describe Any Business-I  | Related Property You O   | wn or Have an Interest In. List any r  | eal actate in Part 1   |
|  |  | -  | car estate iii r art 1.  |
| 37. Do you own or have any legal or equitab  | ole interest in any business-re  | ated property?   |  |
| No. Go to Part 6.  |  |  |  |
| ☐ Yes. Go to line 38.  |  |  |  |
|  |  |  | Current value of the   |
|  |  |  | portion you own?  Do not deduct secured claims   |
|  |  |  | or exemptions.   |
| 38. Accounts receivable or commissions yo  | u already earned   |  |  |
| ☐ No   | , EA SEC SECURITIONS SEC. THE THE SEC.   | and the top th |  |
| Yes. Describe  |  |  | rh.  |
| AN UNIVERSITY OF STREET  | Sweeting of the Control of the Contr | g and the state of the state o  | <b>3</b>   |
| <ol> <li>Office equipment, furnishings, and supp<br/>Examples: Business-related computers, software</li> </ol> |  | hines, rugs, telephones, desks, chairs, electronic devices   |  |
| No   | ,seeme, paritore, copiere, rax mac   |  |  |
| Yes. Describe  | for all trail agent the phones is a " ordered tray and too".   | 100 (100 to 100  | <b>.</b>   |
|  |  |  | .\$  |

| Debtor 1 Case 20-30447-hdh7 Doc 8 Filed 02/07/20   | Entered 02/07/20 14:13:39 Page 9 of 30   |
|--|--|
|  |  |
| 40. Machinery, fixtures, equipment, supplies you use in business, and  | tools of your trade  |
| □ No □ Yes. Describe   | A CANADA CONTRACTOR OF THE CON |
| Tes. Describe  | \$   |
|  | Professional Control of the Control  |
| 41. Inventory  |  |
| ☐ Yes. Describe  |  |
| The second of th | Annual Control of the |
| 42. Interests in partnerships or joint ventures  |  |
| ☐ No   |  |
| Yes. Describe Name of entity:  | % of ownership:  |
|  | % \$   |
|  | % \$   |
|  | % \$   |
| 43. Customer lists, mailing lists, or other compilations   |  |
| □ No   |  |
| Yes. Do your lists include personally identifiable information (as   | s defined in 11 U.S.C. § 101(41A))?  |
| ☐ No☐ Yes. Describe  | The Part of the Land State of the Control of the Co |
| Yes. Describe  | \$   |
|  | The state of the s |
| 44. Any business-related property you did not already list  No   |  |
| Yes. Give specific   |  |
| information  | \$   |
|  | \$   |
|  | <b>\$</b>  |
|  | <b>\$</b>  |
| ······   | <u> </u>   |
|  | <u> </u>   |
| 45. Add the dollar value of all of your entries from Part 5, including any   | entries for pages you have attached \$ 0.0   |
| for Part 5. Write that number here   |  |
|  |  |
|  |  |
| Part 6: Describe Any Farm- and Commercial Fishing-Relate If you own or have an interest in farmland, list it in Part 1.  | d Property You Own or Have an Interest in.   |
|  |  |
| 46. Do you own or have any legal or equitable interest in any farm- or co  | ommercial fishing-related property?  |
| ✓ No. Go to Part 7. ✓ Yes. Go to line 47.  |  |
| = 138. do to into 47 g   | Ourseast and a state   |
|  | Current value of the portion you own?  |
|  | Do not deduct secured claims or exemptions.  |
| 47. Farm animals   | or exemptions.   |
| Examples: Livestock, poultry, farm-raised fish   |  |
| □ No □ Yes   | 180 Tr   |
| ☐ Yes  |  |
|  | \$   |

| Debtor 1 Case 20-30447-hdh7 Doc 8 Filed   | Case number (if known)   | age 10 of 30   |
|---|--|--|
|   |  |  |
| Crops—either growing or harvested   |  |  |
| □ No □ Yes. Give specific   | AND SMALL STATE OF THE STATE OF | named justings (**)  |
| information   |  | \$   |
| Farm and fishing equipment, implements, machiner  |  | A: Were demand of  |
| □ No  |  |  |
| ☐ Yes   |  |  |
| Farm and fishing supplies, chemicals, and feed  |  | \$   |
| No  |  |  |
|   | Note that the state of the stat | The state of the s |
|   |  | \$   |
| Any farm- and commercial fishing-related property y   | you did not already list   | 1 114 4018   |
| ☐ No☐ Yes. Give specific  | The state of the s |  |
| information   |  | \$   |
| Add the dollar value of all of your entries from Part 6   | 6, including any entries for pages you have attached   |  |
| for Part 6. Write that number here  |  | <b>→</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |
| Do you have other property of any kind you did not a Examples: Season tickets, country club membership  No                                | •  | ve<br>•  |
| Do you have other property of any kind you did not a Examples: Season tickets, country club membership  No Yes. Give specific information | already list?  | \$<br>\$<br>\$   |
| Do you have other property of any kind you did not a Examples: Season tickets, country club membership  No Yes. Give specific information | already list?  7. Write that number here   | \$   |
| Do you have other property of any kind you did not a Examples: Season tickets, country club membership  No Yes. Give specific information | already list?  7. Write that number here   | \$\$<br>\$\$   |
| Do you have other property of any kind you did not a Examples: Season tickets, country club membership  No Yes. Give specific information | already list?  7. Write that number here   | \$<br>\$<br>\$   |
| Do you have other property of any kind you did not a Examples: Season tickets, country club membership  No Yes. Give specific information | already list?  7. Write that number here   | \$\$<br>\$\$   |
| Do you have other property of any kind you did not a Examples: Season tickets, country club membership  No Yes. Give specific information | already list?  7. Write that number here   | \$\$<br>\$\$   |
| Do you have other property of any kind you did not a Examples: Season tickets, country club membership  No Yes. Give specific information | already list?  7. Write that number here  S Form  13,500.00  | \$\$<br>\$\$   |
| Do you have other property of any kind you did not a Examples: Season tickets, country club membership  No Yes. Give specific information | already list?  7. Write that number here  S Form  13,500.00  | \$\$<br>\$\$   |
| Do you have other property of any kind you did not a Examples: Season tickets, country club membership  No Yes. Give specific information | s Form  \$ 13,500.00  \$ 1,300.00  \$ 7.56 3 3 9 9  \$ 0.00  | \$\$<br>\$\$   |
| Do you have other property of any kind you did not a Examples: Season tickets, country club membership  No Yes. Give specific information | s Form  \$ \( \frac{13,500.00}{\\$  \qu  | \$\$<br>\$\$   |
| Do you have other property of any kind you did not a Examples: Season tickets, country club membership  No Yes. Give specific information | s Form  \$ 13,500.00  \$ 1,300.00  \$ 7.56 3 3 9 9  \$ 0.00  | \$\$<br>\$\$   |
| Do you have other property of any kind you did not a Examples: Season tickets, country club membership  No Yes. Give specific information | s Form  \$ \( \frac{13,500.00}{\\$  \qu  | \$   |
| Do you have other property of any kind you did not a Examples: Season tickets, country club membership  No Yes. Give specific information | s Form  \$ 13,500.00 \$ 1,300.00 \$ 7.56 3 3 99 \$ 0.00 \$ 0.00  +s 0.00  14833 99   | \$\$<br>\$   |
| Do you have other property of any kind you did not a Examples: Season tickets, country club membership  No Yes. Give specific information | ### Second Secon | \$   |

| Fi                   | II in this in   | iforma                               | ition to identify yo   | ur case:  | *   |  |   | ľ                              |  |   |                              |
|----------------------|---|--------------------------------------|--|---|---|--|---|--------------------------------|--|---|------------------------------|
| D                    | ebtor 1   | Jere                                 | my James   | Middle Name   |   | Last Name                                  |   | 16                             |  |   |                              |
|                      | ebtor 2   |                                      |  |   |   |  |   |                                |  |   |                              |
|                      | pouse, if filing)                                       |                                      | me<br>ptcy Court for the: No   | Middle Name   | nt of Tayas   | Last Name                                  | :   |                                |  |   |                              |
|                      | ase number  | Dankia                               | ptoy Court for trie. 140   | TUTOTTI DISUN   | JI OF TENES   |  | 1   |                                |  |   | ☐ Check if this is a         |
|                      | f known)  |                                      |  |   |   |  |   |                                |  |   | amended filing               |
|                      | cc  |                                      | 1000   |   |   |  |   |                                |  |   |                              |
|                      |   | -                                    | n 106C   | _   | 4   | 3.7  |   |                                | _  |   |                              |
| 5                    | ched  | luk                                  | e C: The   | Prop  | erty  | You  | Claim   | as                             | Exemp  | <u> </u>  | 04/19                        |
| Usii<br>spa          | ng the prop<br>ce is neede                              | erty yo<br>ed, fill o                | accurate as possible ou listed on Schedu out and attach to the number (if known).  | <i>ile A/B: Prop</i><br>is page as m                    | erty (Officia   | l Form 106                                 | A/B) as your so                                       | urce, lis                      | st the property that                                   | you claim as e                                    | exempt. If more              |
| spe<br>of a<br>retin | cific dollar<br>ny applica<br>rement fun<br>ts the exer | r amoi<br>ible st<br>ids—r<br>mptioi | operty you claim a<br>unt as exempt. Alt<br>atutory limit. Som<br>nay be unlimited i<br>n to a particular do<br>the applicable sta | ernatively,<br>e exemptio<br>n dollar am<br>oliar amoun | you may cl<br>ns—such a<br>ount. Howe<br>it and the v | aim the ful<br>is those fo<br>ever, if you | l fair market va<br>r health aids, r<br>claim an exen | alue of<br>rights to<br>nption | the property being oreceive certain of 100% of fair ma | g exempted u<br>benefits, and t<br>arket value un | tax-exempt<br>der a law that |
| Pa                   | art 1: Id   | lentif                               | y the Property   | You Claim   | as Exem   | pt   |   |                                |  |   |                              |
|                      | You ar  | re claii<br>re claii                 | emptions are you<br>ming state and fede<br>ming federal exemp<br>y you list on Sche  | eral nonbank<br>otions. 11 U.                           | ruptcy exer<br>.S.C. § 522(                           | nptions. 11<br>(b)(2)                      | U.S.C. § 522(k  | 0)(3)                          | •  |   |                              |
|                      |   |                                      | on of the property a<br>hat lists this prope   |   | Current va  |  | Amount of the   | ne exen                        | nption you claim                                       | Specific law                                      | s that allow exemption       |
|                      |   |                                      |  |   | Copy the v  |  | Check only o  | ne box t                       | for each exemption.                                    |   |                              |
|                      | Brief<br>description                                    | n:                                   | Television   |   | \$ 300.00   | )  | <b></b>   |                                | _  |   | nal Property                 |
|                      | Line from<br>Schedule                                   |                                      | 7  |   |   |  |   |                                | rket value, up to<br>statutory limit                   | Exemption   | ns § 42.002 (a)(1)           |
|                      | Brief<br>description                                    | n:                                   | Everyday Clot  | hes   | \$ 1,000.   | 00   | . 🗆 \$  |                                |  |   | nal Property                 |
|                      | Line from<br>Schedule                                   | A/B:                                 |  |   |   |  |   |                                | rket value, up to<br>statutory limit                   | Exemplio  | § 42.002(a)(2),(5)           |
|                      | Brief<br>description                                    | n:                                   |  |   | \$  |  | <b>= </b> \$  |                                |  |   |                              |
|                      | Line from<br>Schedule                                   | A/B:                                 | <u></u>  |   |   |  |   |                                | rket value, up to<br>statutory limit                   |   |                              |
| 3.                   | (Subject to   |                                      | g a homestead ex<br>trnent on 4/01/22 a  |   |   |  |   | ter the o                      | date of adjustment.                                    | )   |                              |
|                      | V No<br>Yes. D  |                                      | acquire the proper   | ty covered b  | y the exem  | ption within                               | 1,215 days be   | fore you                       | u filed this case?                                     |   |                              |
|                      | ☐ Y   | es                                   |  |   |   |  |   |                                |  |   |                              |

| Debtor 1 Jeremy James   Debtor 2   Jeremy James   Malaname   Los Nate   | Fill in this information to identify your cas  | e.   |  |                      |              |
|---|--|--|--|----------------------|--------------|
| Color   Colo  |  | T  |  |                      |              |
| Course   C  | DCD(O)   | Name Last Name   |  |                      |              |
| Case rumber citizens   Check if this is an amended filing    Official Form 106D   Schedule D: Creditors Who Have Claims Secured by Property   12/15    Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space in secded, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional page, fill it out, number the entries, and attach it to this form. On the top of any additional page, fill it out, number the entries, and attach it to this form. On the top of any additional page, fill it out, number the entries, and attach it to this form. On the top of any additional page, fill it out, number the entries, and attach it to this form. On the top of any additional page, fill it out, number the entries, and attach it to this form. On the top of any additional page, fill it out, number the entries, and attach it to this form. On the top of any additional page, fill it out, number the entries, and attach it to this form. On the top of any additional page, fill it out, number the entries, and attach it to this form. On the top of any additional page, fill it out, number the entries, and attach it to this form. On the top of any additional page, fill it out, number the entries, and attach it to this form. On the top of any additional page, fill it out, number the entries, and attach it to this form. On the top of any additional page, fill it out, number the entries, and attach it to this form.    Column I  |  | Name Last Name   |  |                      |              |
| Official Form 106D  Schedule D: Creditors Who Have Claims Secured by Property  12/15  Be se complete and secures as possible, if two married people are filling together, both are equally responsible for supplying correct information; in from eapset an exclusive people, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property?  1. No. Chock this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  2. List All Secured claims  2. List All Secured claims   1 a creditor has more than one secured dust, set the creditor's pagestable for submit the form to entrie the separations of the creditor's name.  2. List All Secured claims   1 a creditor has more than one secured dust, set the creditor's name.  2. List All Secured claims   1 a creditor has more than one secured dust, set the creditor's name.  2. List All Secured claims   1 a creditor has more than one secured dust, set the creditor's name.  2. List All Secured claims   1 a creditor has more than one secured dust, set the creditor's name.  2. List All Secured claims   1 a creditor has more than one secured dust, set the creditor's name.  2. List All Secured claims   1 a creditor has more than one secured dust, set the creditor's name.  2. List All Secured claims   1 a creditor has particular claims in the other creditor's name.  2. List All Secured claims   1 a creditor has particular claims in the other creditor's name.  2. List All Secured claims   1 a creditor has particular claims in the other creditor's name.  2. List All Secured claims   1 a creditor has particular clai  | United States Bankruptcy Court for the: Northern   | District of Texas  |  |                      |              |
| Official Form 106D  Schedule D: Creditors Who Have Claims Secured by Property  12/15  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property?    No. Check this box and submit this form to the count with your other schedules. You have nothing else to report on this form.  2. List all secured claims. If a creditor has more than one secured claim, list the other creditors in Part 2.  As much as possible, list the claims in alphabetical order according to the creditor is name.  2. Column A. Amount of claims from the none creditor has a particulair claim, list the other creditors in Part 2.  As much as possible, list the claims in alphabetical order according to the creditor is name.  2. Column A. Amount of claims from the none creditor has a particulair claim, list the other creditors in Part 2.  As much as possible, list the claims in alphabetical order according to the creditor is name.  2. Column A. Amount of claims from the claims in alphabetical order according to the creditor is name.  2. Column A. Amount of claims from the claims in alphabetical order according to the creditor is name.  3. 17,959.00 (2000 from 8)  2. Column A. Amount of claims from the claims in alphabetical order according to the creditor is name.  3. 17,959.00 (2000 from 8)  2. Column A. Amount of claims from the claims in alphabetical order according to the creditor is name.  3. 17,959.00 (2000 from 8)  2. (Corringed Uniquished Claims from a lawsust)  3. (Column A. Amount of Claims from a lawsust)  3. (Column A. Amount of Claims from a lawsust)  3. (Column A. Amount of Claims from a lawsust)  3. (Column A. Amount of Claims from a lawsust)  3. (Column A. Amount of Claims from a lawsust)  3. (Column A. A  |  |  |  |                      | 16           |
| Schedule D: Creditors Who Have Claims Secured by Property  Schedule D: Creditors Who Have Claims Secured by Property  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property?    No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.    Part 1: List All Secured Claims   List All Secured Claims   Tail of the information below.   | (IT KNOWN)   |  |  |                      |              |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Pags, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your mane and case number (if known).  1. Do any creditors have claims secured by your property?    No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.    Part 12  |  |  |  |                      | - a ming     |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more appear is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property?    No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.    Part 1: List All Secured Claims   |  |  |  |                      |              |
| additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property?    No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.    Part 1: List All Secured Claims  |  |  |  |                      |              |
| additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property?  1. No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the other creditor is new hardon to the creditor same.  2. List all secured claims. If a creditor has more than one secured claim, list the other creditors in Part 2. As much as possible, list the other creditors in Part 2. As much as possible, list the other creditors in Part 2. As much as possible, list the other creditors in Part 2. As much as possible, list the other creditors in Part 2. As much as possible, list the other creditors in Part 2. As much as possible, list the other creditors in Part 2. As much as possible, list the other creditors in Part 2. As much as possible, list the other creditors in Part 2. As much as possible, list the other creditors in Part 2. As much as possible, list the other creditors in Part 2. As much as possible, list the other creditor is new the list supports the value of colleteral that supp  | Be as complete and accurate as possible, information, if more space is needed, cop       | If two married people are filing together, both are ed<br>withe Additional Page, fill it out, number the entries.  | ually responsible for  | or supplying correct | t            |
| No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.    Yes, Fill in all of the information below.   | additional pages, write your name and cas  | se number (if known).  |  | ionii. On the top of | arry         |
| Part 1: List All Secured Claims   1 a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. So possible, list the claims in alphabetical order according to the creditor's name. P.O. Box 259407   2008 Mercury Sable  | 1. Do any creditors have claims secured b  | v your property?   |  |                      |              |
| 2. List all secured claims. If a creditor has more than one secured claim, list the creditors exparately for each claim. If more than one creditor has a particular claim, list the creditor's name.  2. I Capital One Auto Finance  Coestine's Name  Piano  TX 75025  City Debtor 1 only Check of this claim relates to a community debt  Debtor 2 only  At least one of the debtors and another Coestine's Rane  Coestine's Name  As of the date you file, the claim is: Check all that apply.  As of the date you file, see that in the method of the creditor's name.  As of the date you file, the claim is: Check all that apply.  Contingent Unalcolated Carl Poblor 2 only Check if this claim relates to a community debt Coestine's Rane  Coestine's Name  As of the date you file, the claim is: Check all that apply.  Check if this claim relates to a community debt Coestine's Name  As of the date you file, the claim is: Check all that apply.  Check if this claim relates to a community debt Coestine's Name  As of the date you file, the claim is: Check all that apply.  Configurent lien from a lawsuit Check if this claim relates to a community debt Capital Share  As of the date you file, the claim is: Check all that apply.  Configurent lien from a lawsuit   | No. Check this box and submit this for   | n to the court with your other schedules. You have nothi   | ng else to report on t   | his form.            |              |
| 2. List all secured claims, if a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. Amount of claim to each claim. If more than one creditor has a particular claim, list the other creditors in Part 2.  2.1  Capital One Auto Finance  Describe the property that secures the claim:  PLO. Box 259407  Number Street  As of the date you file, the claim is: Check all that apply.  Corrections and Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another claim melates to a community debt Debtor 1 only  Street  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  Conditions than 25 Chastain Meadows Court  Number Street  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Disputed  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Disputed  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Disputed  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Disputed  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Disputed  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Disputed  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Disputed  As of the date you file, the claim is  | Yes. Fill in all of the information below.   |  |  |                      |              |
| 2. List all secured claims, if a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. Amount of claim to each claim. If more than one creditor has a particular claim, list the other creditors in Part 2.  2.1  Capital One Auto Finance  Describe the property that secures the claim:  PLO. Box 259407  Number Street  As of the date you file, the claim is: Check all that apply.  Corrections and Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another claim melates to a community debt Debtor 1 only  Street  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  Conditions than 25 Chastain Meadows Court  Number Street  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Disputed  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Disputed  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Disputed  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Disputed  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Disputed  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Disputed  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Disputed  As of the date you file, the claim is  | Port 1: List All Secured Claims  |  |  |                      |              |
| 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.  2. Capital One Auto Finance  Creditor's Name  P.O. Box 259407  Number  Street  As of the date you file, the claim is: Check all that apply.  Corlingent Uniquidated Disputed  Nature of lien. Check all that apply.  As of the date you file, the claim is: Check all that apply.  Check if this claim relates to a community debt  Nature of lien. Check all that apply.  Conditions a special property that secures the claim:  2. 2008 Mercury Sable  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  Corlingent Uniquidated Disputed  Nature of lien. Check all that apply.  As of the date you file, the claim is: Check all that apply.  Check if this claim relates to a community debt  Conditions Name  2. 2014 Ford Transit Connect  Nature of lien. Check all that apply.  Contingent Uniquidated Disputed  Nature of lien. Check all that apply.  Corlingent Uniquidated Disputed  Nature of lien. Check all that apply.  Corlingent Uniquidated Check if this claim relates to a community debt Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Debtor 2 only Corlingent Corl  | List All Secured Claims  |  | Column A   | Column 5             | 0.1.         |
| To reach claim. If more than one reclarior has a particular claim, list the other creditor's name.  As much as possible, list the claims in alphabetical order according to the creditor's name.  2.1 Capital One Auto Finance  Describe the property that secures the claim:  Street  As of the date you file, the claim is: Check all that apply.  Check if this claim relates to a community debt  Debtor 2 only  State ZP Code  Who owes the debt? Check one.  Expression of the debtors and another Chry State ZP Code  Who owes the debt? Check one.  Expression of the debtors and another Chry State ZP Code  Who owes the debt? Check one.  Expression of the debtors and another Chry State ZP Code  Who owes the debt? Check one.  Expression of the debtors and another Chry State ZP Code  Who owes the debt? Check one.  Expression of the debtor 2 only Chry State ZP Code  Who owes the debt? Check one.  Expression of the debtor 2 only Chry State ZP Code  Who owes the debt? Check one.  Expression of the debtor 2 only Chry State ZP Code  Who owes the debt? Check one.  Expression of the debtor 2 only Chry State ZP Code  Who owes the debt? Check one.  Expression of the debtor 2 only Chry State ZP Code  Who owes the debt? Check one.  Expression of the debtor 2 only Chry State ZP Code  Who owes the debt? Check one.  Expression of the debtor 2 only Chry State ZP Code  Who owes the debt? Check one.  Expression of the debtor 2 only Chry State ZP Code  Who owes the debt? Check one.  Expression of the debtor 2 only Chry State ZP Code  Who owes the debtor 2 only Chry State ZP Code  Chry Chry State ZP Code  Chry State   | 2. List all secured claims. If a creditor has m  | nore than one secured claim, list the creditor separately  |  |                      |              |
| 2.1 Capital One Auto Finance Creditor's Name P.O. Box 259407 Number Street  Plano TX 75025 City State ZiP Code Who owes the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 4 share 225 Chastain Meadows Court Number Street  Kennesaw GA 30144 City State ZiP Code Who owes the debt? Check one.  Kennesaw GA 30144 City State ZiP Code Who owes the debt? Check one.  Meature of the debtors and another Check if this claim relates to a community debt Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and 25 Chastain Meadows Court Number Street  Kennesaw GA 30144 City State Sta  | for each claim. If more than one creditor h As much as possible, list the claims in alph | as a particular claim, list the other creditors in Part 2.  abetical order according to the creditor's name.   |  | that supports this   | portion      |
| Creditor Name P.O. Box 259407 Number Street  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated City State ZIP Code  Who owes the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 2 only Check if this claim relates to a community debt Date debt was incurred 03/01/2011  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  Check if this claim relates to a community debt Date debt was incurred 03/01/2011  Last 4 digits of account number  Describe the property that secures the claim:  18,283.00 \$ 11,000.00 \$ 7,283.00  21,000.00 \$ 7,283.00  22,000.00 \$ 7,283.00  22,000.00 \$ 7,283.00  23,000.00 \$ 7,283.00  24,000.00 \$ 7,283.00  25,000.00 \$ 7,283.00  26,000.00 \$ 7,283.00  27,283.00  28,000.00 \$ 7,283.00  29,000.00 \$ 7,283.00  20   | 21   | •  |  | CLEVE TO K PLANE     |              |
| P.O. Box 259407 Number Street    Plano   TX   75025   City   State   ZiP Code   Contingent   Unliquidated   Unl  | — Capital One Auto Finance   | Describe the property that secures the claim:  | \$ 17,959.00   | \$2,500.00           | \$ 15,459.00 |
| As of the date you file, the claim is: Check all that apply.    Contingent   Unliquidated   Disputed  | P.O. Box 259407  | 2008 Mercury Sable   |  |                      |              |
| Contingent   Unliquidated   Unliquidated   Contingent   Unliquidated   Unliqu  | Number Street  | As of the date you file the claim is: Check all that apply   | 1  |                      |              |
| Disputed   Disputed   Disputed   Disputed   Disputed   Debtor 1 only   Debtor 1 only   Debtor 1 and Debtor 2 only   Debtor 1 debtor 3 and another   Describe the property that secures the claim: \$ 18,283.00 \$ 11,000.00 \$ 7,283.00 \$ 11,000.00 \$ 11,000.00 \$ 11,000.00 \$ 11,000.00 \$ 11,000.00 \$ 11,000.00 \$ 11,000.00 \$ 11,000.00 \$ 11,000.00 \$ 11,000.00 \$ 11,000.00 \$ 11,000.00 \$ 11,000.00 \$ 11,000 |  |  |  |                      |              |
| Who owes the debt? Check one.    Debtor 1 only  |  | ☐ Unliquidated   |  |                      |              |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and 3 a  | City State ZIP Code  | ☐ Disputed   |  |                      |              |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Creditor's Name 225 Chastain Meadows Court Number Street  As of the date you file, the claim is: Check all that apply. City State ZIP Code Who owes the debt? Check one.  Who owes the debt? Check one.  Who owes the debt? Check one Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 06/07/2018  Last 4 digits of account number  Street  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 06/07/2018  Last 4 digits of account number 5 7 9 3   | Who owes the debt? Check one.  | Nature of lien. Check all that apply.  |  |                      |              |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred O3/01/2011  Last 4 digits of account number  222 Carmax Auto Finance Creditor's Name 225 Chastain Meadows Court Number Street  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Who owes the debt? Check one.  Who owes the debt? Check one.  Who owes the debt? Check one.  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Nature of lien. Check all that apply. Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Nature of lien. Check all that apply. Statutory lien (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)  Last 4 digits of account number 5 7 9 3  Last 4 digits of account number 5 7 9 3   | ,  |  |  |                      |              |
| At least one of the debtors and another   Other (including a right to offset)   | _  | provide the second seco |  |                      |              |
| Check if this claim relates to a community debt  Date debt was incurred 03/01/2011  Last 4 digits of account number  2.2 Carmax Auto Finance  Creditor's Name  225 Chastain Meadows Court Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Uniquidated City State ZIP Code  Who owes the debt? Check one.  Who owes the debt? Check one.  Who owes the debt? Check one.  Describe the property that secures the claim:  As of the date you file, the claim is: Check all that apply.  Contingent Uniquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 06/07/2018  Last 4 digits of account number 5 7 9 3   |  | _  |  |                      |              |
| Community debt Date debt was incurred 03/01/2011  Last 4 digits of account number  2.2. Carmax Auto Finance  Creditor's Name 22.5 Chastain Meadows Court Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who owes the debt? Check one.  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)  Last 4 digits of account number  1   | Cheek if this claim relates to a   | Other (including a right to offset)  |  |                      |              |
| Carmax Auto Finance Creditor's Name 225 Chastain Meadows Court Number Street  As of the date you file, the claim is: Check all that apply.  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred 06/07/2018  Describe the property that secures the claim: \$ 18,283.00 \$ 11,000.00 \$ 7,283.00  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  Who owes the debt? Check one.  As of the date you file, the claim is: Check all that apply.  Contingent Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)  Last 4 digits of account number 5 7 9 3  | community debt   |  |  |                      |              |
| Cerditor's Name  225 Chastain Meadows Court Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred 06/07/2018  Describe the property that sectires the claim: \$ 10,203.00 \$ 71,203.00 \$                |  | Last 4 digits of account number  | 1.200  | 8/                   |              |
| 2014 Ford Transit Connect    Street   Street  | Carmax Auto Finance  | Describe the property that secures the claim:  | \$ 18,283.00   | \$11,000.00          | 7,283.00     |
| As of the date you file, the claim is: Check all that apply.    Contingent   Unliquidated   |  | 2014 Ford Transit Connect  | The state of the s |                      |              |
| Contingent   Unliquidated   Disputed  |  |  |  |                      |              |
| Kennesaw GA 30144   City State ZIP Code   Disputed    Who owes the debt? Check one.  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Date debt was incurred 06/07/2018  Last 4 digits of account number 5 7 9 3  Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Other (including a right to offset)  Last 4 digits of account number 5 7 9 3   |  | As of the date you file, the claim is: Check all that apply.   |  |                      |              |
| City State ZIP Code □ Disputed  Who owes the debt? Check one. Nature of lien. Check all that apply.  □ Debtor 1 only □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Other (including a right to offset) □ Date debt was incurred 06/07/2018 □ Last 4 digits of account number 5 7 9 3   | Vonneedy CA 20144  | _  |  |                      |              |
| Who owes the debt? Check one.    Debtor 1 only  |  | <u> </u>   |  |                      |              |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred 06/07/2018  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)  Last 4 digits of account number 5 7 9 3  | Who owes the debt? Check one.  |  |  |                      |              |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt  Date debt was incurred 06/07/2018 □ Car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Check if this claim relates to a community debt □ Last 4 digits of account number 5 7 9 3   |  |  |  |                      |              |
| ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt ☐ Date debt was incurred 06/07/2018 ☐ Last 4 digits of account number 5 7 9 3   | •  |  |  |                      |              |
| Check if this claim relates to a community debt  Date debt was incurred 06/07/2018  Community debt  Last 4 digits of account number 5 7 9 3   |  | -  |  |                      |              |
| Check if this claim relates to a community debt  Date debt was incurred 06/07/2018  Last 4 digits of account number 5 7 9 3   | ■ At least one of the debtors and another  |  |  |                      |              |
| Date debt was incurred 06/07/2018 Last 4 digits of account number 5 7 9 3   |  | Carlot (molading a right to offset)  | e e  |                      |              |
| and the state of t  | Community debt  Date debt was incurred 06/07/2018  | Last 4 digits of account number 5 7 9 3  |  |                      |              |
|   |  | ించి కారాండి ఎంది చేయారు. కారు ముహుము కారు మూరు మార్చులో మార్చుకోంది. మూరు మూరు మార్చుకోవారు కారు మూరు కారాండి   | s36.242.00 l   |                      | - 14         |

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Jeremy James Debtor 1

| Debtor 1 Jeremy James First Name Middle Name   | Last Name Case nu  | mber (if i   | (noun)  |          |                                     |                                   |
|--|--|--------------|---|----------|-------------------------------------|-----------------------------------|
| Additional Page  Part 18 After listing any entries on this page by 2.4, and so forth.  | page, number them beginning with 2.3, followed   | Amo<br>Do no | mn A unt of claim of deduct the of collateral | Valu     | mn B Le of collateral supports this | Column C Unsecured portion If any |
| 2.3 Ally Financial   | Describe the property that secures the claim:  | <b>-</b>     | 28,296.00                                     | \$       | 22,000.00                           |                                   |
| Creditor's Name  |  | 7            |   | <b>a</b> |                                     | 0,200.00                          |
| P.O. Box 380901  | 2016 Jeep Grand Cherokee   |              |   |          |                                     |                                   |
| Number Street  |  |              |   |          |                                     |                                   |
|  | As of the date you file, the claim is: Check all that apply.   |              |   |          |                                     |                                   |
| Bloomington Mn 55438   | Contingent   |              |   |          |                                     |                                   |
| City State ZIP Code  | ☐ Unliquidated ☐ Disputed  |              |   |          |                                     |                                   |
| Who owes the debt? Check one.  |  |              |   |          |                                     |                                   |
| Debtor 1 only  | Nature of lien. Check all that apply.  |              |   |          |                                     |                                   |
| Debtor 2 only  | <ul> <li>An agreement you made (such as mortgage or secured<br/>car loan)</li> </ul>   |              |   |          |                                     |                                   |
| Debtor 1 and Debtor 2 only   | Statutory lien (such as tax lien, mechanic's lien)   |              |   |          |                                     |                                   |
| At least one of the debtors and another  | Judgment lien from a lawsuit   |              |   |          |                                     |                                   |
| ☐ Check if this claim relates to a   | Other (including a right to offset)  | -77          |   |          |                                     |                                   |
| community debt   |  |              |   |          |                                     |                                   |
| Date debt was incurred 04/24/2018  | Last 4 digits of account number  |              |   |          |                                     |                                   |
| THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH |  |              |   |          | ekurokeo kereger =                  |                                   |
|  | Describe the property that secures the claim:  | \$           |   | \$       | \$                                  |                                   |
| Creditor's Name  | A STATE OF THE STA |              |   |          |                                     |                                   |
| Number Street  |  | ĺ            |   |          |                                     |                                   |
|  | As of the date you file, the claim is: Check all that apply.   |              |   |          |                                     |                                   |
| 9  | ☐ Contingent   |              |   |          |                                     |                                   |
| City State ZIP Code  | Unliquidated   |              |   |          |                                     |                                   |
| •  | ☐ Disputed   |              |   |          |                                     |                                   |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.  |              |   |          |                                     |                                   |
| Debtor 1 only  | An agreement you made (such as mortgage or secured   |              |   |          |                                     |                                   |
| Debtor 2 only  Debtor 1 and Debtor 2 only  | car loan)  |              |   |          |                                     |                                   |
| At least one of the debtors and another  | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit  |              |   |          |                                     |                                   |
|  | Other (including a right to offset)  |              |   |          |                                     |                                   |
| ☐ Check if this claim relates to a community debt  |  | _            |   |          |                                     |                                   |
| Date debt was incurred   | Last 4 digits of account number  |              |   |          |                                     |                                   |
| - The distribution of the second second second   |  |              |   | - 26.7   |                                     |                                   |
| Creditor's Name  | Describe the property that secures the claim:  | \$           |   | \$       | \$_                                 |                                   |
| Orbalion a Harrie  | A V V V V V V V V V V V V V V V V V V V  | 1            |   |          |                                     |                                   |
| Number Street  |  |              |   |          |                                     |                                   |
| 1  |  | J            |   |          |                                     |                                   |
|  | As of the date you file, the claim is: Check all that apply.  Contingent   |              |   |          |                                     |                                   |
| City State ZIP Code  | □ Unliquidated   |              |   |          |                                     |                                   |
| 5,   | Disputed   |              |   |          |                                     |                                   |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.  |              |   |          |                                     |                                   |
| Debtor 1 only  | ☐ An agreement you made (such as mortgage or secured   |              |   |          |                                     |                                   |
| Debtor 2 only  | car loan)  |              |   |          |                                     |                                   |
| Debtor 1 and Debtor 2 only   | Statutory lien (such as tax lien, mechanic's lien)   |              |   |          |                                     |                                   |
| At least one of the debtors and another  | Judgment lien from a lawsuit   |              |   |          |                                     |                                   |
| Check if this claim relates to a community debt  | Other (including a right to offset)  | -            |   |          |                                     |                                   |
| Date debt was incurred   | Last 4 digits of account number  |              |   |          |                                     |                                   |
| Add the dollar value of your entries   | in Column A on this page. Write that number here:  | •            | 28,296.00                                     |          |                                     |                                   |
| -  | add the dollar value totals from all pages.  | Ψ            | 64,538.00                                     |          |                                     |                                   |
| Write that number here:  |  | \$           | 04,000.00                                     |          |                                     |                                   |

Fill in this information to identify your case: Jeremy James Debtor 1 Middle Name First Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Texas Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). **List All of Your PRIORITY Unsecured Claims** Part 1: 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim **Priority** Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply Contingent ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ☐ No Other. Specify ☐ Yes 2.2 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Is the claim subject to offset? Other. Specify ■ No ☐ Yes

| P   | art 2: List All of Your NONPRIORITY Uns                            | ecured Claims         |  |            |             |
|-----|--|-----------------------|--|------------|-------------|
| 3.  | Do any creditors have nonpriority unsecured c                      |                       |  |            |             |
|     | ☐ No. You have nothing to report in this part. Sul ✓ Yes           | omit this form to the | court with your other schedules.   |            |             |
| 4.  | nonpriority unsecured claim. list the creditor separa              | ately for each claim  | order of the creditor who holds each claim. If a creditor ha<br>For each claim listed, identify what type of claim it is. Do no<br>st the other creditors in Part 3.If you have more than three no | t liet old | imo alread. |
|     | 7  |                       |  | Tota       | of claim    |
| 4.1 | Corporate American Family CU Nonpriority Creditor's Name           | Y 2                   | Last 4 digits of account number 3 1 3 0  | •          | 2,000.00    |
|     | 2075 Big Timber  |                       | When was the debt incurred? 07/01/2011   | Ψ          |             |
|     | Number Street Elgin IL   | 60124                 |  |            |             |
|     | City State   | ZIP Code              | As of the date you file, the claim is: Check all that apply.   |            |             |
|     | Who incurred the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only |                       | □ Contingent □ Unliquidated □ Disputed   |            |             |
|     | Debtor 1 and Debtor 2 only   |                       | Type of NONPRIORITY unsecured claim:   |            |             |
|     | ☐ At least one of the debtors and another                          |                       | Student loans  |            |             |
|     | ☐ Check if this claim is for a community debt                      |                       | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul>  |            |             |
|     | Is the claim subject to offset?  No                                |                       | Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Personal Loan  | į.         |             |
|     | ☐ Yes  |                       | Other. Specify - Stocking Education  |            |             |
| 4.2 | Credit One Bank Nonpriority Creditor's Name                        |                       | Last 4 digits of account number 4 4 3 9 When was the debt incurred? 10/02/2017   | \$         | 914.00      |
|     | 6801 S. Cimarron Road  |                       |  |            |             |
|     | Number Street Las Vegas NV   | 89113                 | As of the date you file, the claim is: Check all that apply.   |            |             |
|     | City State   | ZIP Code              | ☐ Contingent   |            |             |
|     | Who incurred the debt? Check one.                                  |                       | Unliquidated   |            |             |
|     | ☑ Debtor 1 only ☐ Debtor 2 only                                    |                       | ☐ Disputed   |            |             |
|     | Debtor 1 and Debtor 2 only   |                       | Type of NONPRIORITY unsecured claim:   |            |             |
|     | ☐ At least one of the debtors and another                          |                       | Student loans  |            |             |
|     | ☐ Check if this claim is for a community debt                      |                       | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul>  |            |             |
|     | Is the claim subject to offset?                                    |                       | □ Debts to pension or profit-sharing plans, and other similar debts  Other Specify Credit Card   |            |             |
|     | ☑ No<br>☑ Yes  |                       | Other. Specify Credit Card   |            |             |
| 1.3 | Credit Collection Services   | 37                    | Last 4 digits of account number _0 _1 _4 _5  |            | OMP. IT COM |
|     | Nonpriority Creditor's Name  |                       | When was the debt incurred? 02/25/2019   | \$         | 171.00      |
|     | P.O. Box 607  Number Street  |                       |  |            |             |
|     | Norwood MA   | 02062                 | As of the date you file, the claim is: Check all that apply.   |            |             |
|     | City State   | ZIP Code              | Contingent   |            |             |
|     | Who incurred the debt? Check one.                                  |                       | ☐ Unliquidated   |            |             |
|     | Debtor 1 only Debtor 2 only  |                       | ☐ Disputed   |            |             |
|     | Debtor 1 and Debtor 2 only   |                       | Type of NONPRIORITY unsecured claim:   |            |             |
|     | ☐ At least one of the debtors and another                          |                       | Student loans  |            |             |
|     | ☐ Check if this claim is for a community debt                      |                       | Obligations arising out of a separation agreement or divorce   |            |             |
|     | Is the claim subject to offset?                                    |                       | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |            |             |
|     | ✓ No ☐ Yes   |                       | Other. Specify Utility Bill  |            |             |

|     | rt 2: Your NONPRIORITY Unse  |             | -  |   | Total claim        |  |  |  |  |
|-----|--|-------------|--|---|--------------------|--|--|--|--|
| 4.4 |  |             |  |   |                    |  |  |  |  |
| 4.4 | Discover Financial Services  |             |  | Last 4 digits of account number 6 2 5 2   | \$_3,325.0         |  |  |  |  |
|     | Nonpriority Creditor's Name P.O. Box 15316                         |             |  | When was the debt incurred? 11/01/2017  |                    |  |  |  |  |
|     | Number Street  | DE          | 10050  | As of the date you file, the claim is: Check all that apply.  |                    |  |  |  |  |
|     | Wilmington   | DE<br>State | 19850<br>ZIP Code                            | Contingent  |                    |  |  |  |  |
|     |  |             |  | Unliquidated  |                    |  |  |  |  |
|     | Who incurred the debt? Check one.                                  |             |  | ☐ Disputed  |                    |  |  |  |  |
|     | Debtor 1 only  |             |  |   |                    |  |  |  |  |
|     | Debtor 2 only  |             |  | Type of NONPRIORITY unsecured claim:  |                    |  |  |  |  |
|     | Debtor 1 and Debtor 2 only  At least one of the debtors and anothe |             |  | Student loans   |                    |  |  |  |  |
|     | _  |             |  | Obligations arising out of a separation agreement or divorce that   |                    |  |  |  |  |
|     | ☐ Check if this claim is for a commu                               | ınity debt  |  | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                        |                    |  |  |  |  |
|     | Is the claim subject to offset?                                    |             |  | Other. Specify Credit Card  |                    |  |  |  |  |
|     | ☑ No<br>☐ Yes  |             |  |   |                    |  |  |  |  |
| 4.5 |  |             | 7 - 7 - 9 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | 7 5 0 4   | 3*.                |  |  |  |  |
|     | GLE/U.S. Department of Educ  | cation      |  | Last 4 digits of account number 7 5 8 1   | \$ <u>49,518.0</u> |  |  |  |  |
|     | Nonpriority Creditor's Name  |             |  | When was the debt incurred? 09/28/2018  |                    |  |  |  |  |
|     | 2401 International Lane  Number Street                             |             |  |   |                    |  |  |  |  |
|     | Madison  | WI          | 53704  | As of the date you file, the claim is: Check all that apply.  |                    |  |  |  |  |
|     | City   | State       | ZIP Code                                     | Contingent  |                    |  |  |  |  |
|     |  |             |  | Unliquidated  |                    |  |  |  |  |
|     | Who incurred the debt? Check one.                                  |             |  | ☐ Disputed  |                    |  |  |  |  |
|     | Debtor 1 only  |             |  | Town of MONDRODITY  |                    |  |  |  |  |
|     | Debtor 2 only Debtor 1 and Debtor 2 only                           |             |  | Type of NONPRIORITY unsecured claim:  |                    |  |  |  |  |
|     | ☐ At least one of the debtors and another                          |             |  | ☑ Student loans   |                    |  |  |  |  |
|     |  |             |  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |                    |  |  |  |  |
|     | ☐ Check if this claim is for a commu                               | nity debt   |  | Debts to pension or profit-sharing plans, and other similar debts   |                    |  |  |  |  |
|     | Is the claim subject to offset?                                    |             |  | Other. Specify  |                    |  |  |  |  |
|     | <ul><li>✓ No</li><li>☐ Yes</li></ul>                               |             |  |   |                    |  |  |  |  |
| 1.6 |  |             |  |   | \$20.00            |  |  |  |  |
|     | Prime Financial Services   |             |  | Last 4 digits of account number 6 1 6 1   |                    |  |  |  |  |
|     | Nonpriority Creditor's Name 4040 N Central Expressway S            | uite 600    |  | When was the debt incurred? 04/08/2019  |                    |  |  |  |  |
|     | Number Street  Dallas  | TX          | 75204  | As of the date you file, the claim is: Check all that apply.  |                    |  |  |  |  |
|     | City   | State       | ZIP Code                                     | ☐ Contingent  |                    |  |  |  |  |
|     | Who incurred the debt? Check one.                                  |             |  | Unliquidated  |                    |  |  |  |  |
|     | Debtor 1 only  |             |  | ☐ Disputed  |                    |  |  |  |  |
|     | Debtor 2 only  |             |  | Type of NONPRIORITY unsecured claim:  |                    |  |  |  |  |
|     | Debtor 1 and Debtor 2 only   |             |  | Student loans   |                    |  |  |  |  |
|     | ☐ At least one of the debtors and another                          |             |  | <ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>                       |                    |  |  |  |  |
|     | ☐ Check if this claim is for a community debt                      |             |  | you did not report as priority claims   |                    |  |  |  |  |
|     | Is the claim subject to offset?                                    |             |  | <ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify Medical Bill</li> </ul>      |                    |  |  |  |  |
|     | ✓ No.  |             |  | — Onton oponing terodrode Dill  |                    |  |  |  |  |

☐ Yes

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| i nothing any chance on a  | no page, number ur | em beginning wit   | h 4.4, followed by 4.5, and so forth.   | Total clair       |  |
|--|--------------------|--|---|-------------------|--|
| Prime Financial Ser  | vices              |  | Last 4 digits of account number 9 1 0 5   | \$80.             |  |
| 4040 N Central Exp   | essway Suite 60    | 0  | When was the debt incurred? 04/10/2019  |                   |  |
| Number Street  Dallas  | TX                 | 75204  | As of the date you file, the claim is: Check all that apply.  |                   |  |
| City  Who incurred the debt? C   | State              | ZIP Code   | Contingent Unliquidated Disputed  |                   |  |
| Debtor 1 only Debtor 2 only  |                    |  | Type of NONPRIORITY unsecured claim:  |                   |  |
| ☐ Debtor 1 and Debtor 2 on ☐ At least one of the debtor  | •                  |  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that   |                   |  |
| <ul> <li>Check if this claim is f</li> <li>Is the claim subject to off</li> <li>No</li> <li>Yes</li> </ul> | -                  |  | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Medical Bill | <u>~</u>          |  |
| Prime Financial Serv   | rices              |  | Last 4 digits of account number 0 0 2 0   | s 158             |  |
| Nonpriority Creditor's Name 4040 N Central Expr  |                    | 0  | When was the debt incurred? 04/13/2019  | <u> </u>          |  |
| Number Street  Dallas  | TX                 | 75204  | As of the date you file, the claim is: Check all that apply.  |                   |  |
| City   | State              | ZIP Code   | Contingent  |                   |  |
| Who incurred the debt? C   | neck one.          |  | ☐ Unliquidated ☐ Disputed   |                   |  |
| Debtor 1 only  |                    |  | Disputed  |                   |  |
| Debtor 2 only Debtor 1 and Debtor 2 onl  |                    |  | Type of NONPRIORITY unsecured claim:  |                   |  |
| <ul><li>Debtor 1 and Debtor 2 onl</li><li>At least one of the debtors</li></ul>                            |                    |  | Student loans   |                   |  |
| ☐ Check if this claim is fo  |                    |  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul>       |                   |  |
| s the claim subject to offs  | -                  |  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Bill                                     |                   |  |
| ☑ No<br>☑ Yes  |                    |  | Other. Specify Wedical Bill   |                   |  |
| Prime Financial Serv   | icos               | is the state of th | Last 4 digits of account number 0 1 4 4   | <sub>\$</sub> 476 |  |
| Nonpriority Creditor's Name  | 1003               |  | When was the debt incurred? 04/13/2019  |                   |  |
| 4040 N Central Expression  | essway Suite 600   | )  | when was the debt incurred?   |                   |  |
| Dallas   | TX                 | 75204  | As of the date you file, the claim is: Check all that apply.  |                   |  |
| City   | State              | ZIP Code   | Contingent  |                   |  |
| Who incurred the debt? Ch  | eck one.           |  | Unliquidated Disputed   |                   |  |
| Debtor 1 only  |                    |  | •   |                   |  |
| Debtor 2 only  |                    |  | Type of NONPRIORITY unsecured claim:  |                   |  |
| Debtor 1 and Debtor 2 only  At least one of the debtors  |                    |  | Student loans   |                   |  |
| _  |                    |  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul>       |                   |  |
| Check if this claim is fo  | •                  |  | Debts to pension or profit-sharing plans, and other similar debts   |                   |  |
| s the claim subject to offs  Mo  | BT?                |  | Other. Specify Medical Bill   |                   |  |
| ☑ No<br>☑ Yes  |                    |  |   |                   |  |

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|   |                  |          | h 4.4, followed by 4.5, and so forth.  | Total clai |  |  |
|---|------------------|----------|--|------------|--|--|
| United Revenue Corp Nonpriority Creditor's Name |                  |          | Last 4 digits of account number  | \$53.0     |  |  |
| 204 Billings Street Sui                         | ite 120          |          | When was the debt incurred? 09/01/2019   |            |  |  |
| Arlington Street                                | TX               | 76010    | As of the date you file, the claim is: Check all that apply.   |            |  |  |
| City  | State            | ZIP Code | ☐ Contingent ☐ Unliquidated  |            |  |  |
| Who incurred the debt? Che                      | ck one.          |          | Disputed   |            |  |  |
| Debtor 1 only                                   |                  |          |  |            |  |  |
| Debtor 2 only Debtor 1 and Debtor 2 only        |                  |          | Type of NONPRIORITY unsecured claim:   |            |  |  |
| At least one of the debtors a                   | and another      |          | Student loans  |            |  |  |
| ☐ Check if this claim is for                    | a community dobt |          | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |            |  |  |
|   | -                |          | Debts to pension or profit-sharing plans, and other similar debts  |            |  |  |
| Is the claim subject to offset  No              | l f              |          | Other. Specify Medical Bill  |            |  |  |
| Yes   |                  |          |  |            |  |  |
| United Revenue Corp                             |                  |          | Last 4 digits of account number  | s <u> </u> |  |  |
| Nonpriority Creditor's Name                     |                  |          | When was the debt incurred? 09/01/2019   |            |  |  |
| 204 Billings Street Suit                        | te 120           |          |  |            |  |  |
| Arlington                                       | TX               | 76010    | As of the date you file, the claim is: Check all that apply.   |            |  |  |
| City  | State            | ZIP Code | Contingent   |            |  |  |
| Who incurred the debt? Ched                     | ck one.          |          | ☐ Unliquidated ☐ Disputed  |            |  |  |
| Debtor 1 only                                   |                  |          | ☐ Disputed   |            |  |  |
| Debtor 2 only                                   |                  |          | Type of NONPRIORITY unsecured claim:   |            |  |  |
| Debtor 1 and Debtor 2 only                      |                  |          | ☐ Student loans  |            |  |  |
| At least one of the debtors ar                  | nd another       |          | Obligations arising out of a separation agreement or divorce that  |            |  |  |
| Check if this claim is for a                    | a community debt |          | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |            |  |  |
| s the claim subject to offset                   | ?                |          | Other. Specify Medical Bill  |            |  |  |
| <b>☑</b> No                                     |                  |          |  |            |  |  |
| Yes   | TP.m.            |          |  |            |  |  |
| United Revenue Corp                             |                  |          | Last 4 digits of account number  | \$ 119.00  |  |  |
| Nonpriority Creditor's Name                     | <u> </u>         |          | When was the debt incurred? 09/01/2019   | 74         |  |  |
| 204 Billings Street Suite                       | <u>e 12</u> 0    |          | When was the dept incurred?  |            |  |  |
| Arlington                                       | TX               | 76010    | As of the date you file, the claim is: Check all that apply.   |            |  |  |
| City  |                  | ZIP Code | Contingent   |            |  |  |
| Who incurred the debt? Chec                     | k one            |          | Unliquidated   |            |  |  |
| Debtor 1 only                                   | A UIB.           |          | ☐ Disputed   |            |  |  |
| Debtor 2 only                                   |                  |          | Type of NONPRIORITY unsecured claim:   |            |  |  |
| Debtor 1 and Debtor 2 only                      |                  |          | Student loans  |            |  |  |
| At least one of the debtors an                  | d another        |          | Obligations arising out of a separation agreement or divorce that  |            |  |  |
| Check if this claim is for a                    | community debt   |          | you did not report as priority claims  |            |  |  |
| s the claim subject to offset?                  | •                |          | Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Medical Bill           |            |  |  |
| Z No  |                  |          | Girler, Specify Ivieuroai DIII   |            |  |  |
| Yes   |                  |          |  |            |  |  |

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|      |  | <u> </u>      | 33 4110             | th 4.4, followed by 4.5, and so forth.  | Total claim  |
|------|--|---------------|---------------------|---|--------------|
| 1.13 | United Revenue Corp  |               |                     | Last 4 digits of account number   | \$ 239.0     |
|      | 204 Billings Street Suite  | 120           |                     | When was the debt incurred? 09/01/2019  |              |
|      | Number Street Arlington  | TX            | 76010               | As of the date you file, the claim is: Check all that apply.  |              |
|      | City  Who incurred the debt? Check or                              | State<br>ne.  | ZIP Code            | ☐ Contingent ☐ Unliquidated ☐ Disputed  |              |
|      | Debtor 1 only Debtor 2 only  |               |                     | Type of NONPRIORITY unsecured claim:  |              |
|      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and a   | nother        |                     | <ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul> |              |
|      | ☐ Check if this claim is for a co                                  | ommunity debt |                     | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |              |
|      | Is the claim subject to offset?  ✓ No  ☐ Yes                       |               |                     | Other. Specify Medical Bill   |              |
| 14   | in tes   | ner e e       |                     |   |              |
| ш,   | Wells Fargo EFS Nonpriority Creditor's Name                        |               |                     | Last 4 digits of account number   | \$ 21,274.00 |
|      | P.O. Box 84712   |               |                     | When was the debt incurred? 09/01/2019  |              |
|      | Number Street Sioux Falls  | SD            | 57118               | As of the date you file, the claim is: Check all that apply.  |              |
|      | City  Who incurred the debt? Check or                              | State         | ZIP Code            | ☐ Contingent ☐ Unliquidated   |              |
|      | ☑ Debtor 1 only  |               |                     | ☐ Disputed  |              |
|      | Debtor 2 only Debtor 1 and Debtor 2 only                           |               |                     | Type of <b>NONPRIORITY</b> unsecured claim:  Student loans  |              |
|      | At least one of the debtors and ar                                 |               |                     | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |              |
|      | Check if this claim is for a co<br>ls the claim subject to offset? | mmunity debt  |                     | Debts to pension or profit-sharing plans, and other similar debts   |              |
|      | No Yes   |               |                     | Other. Specify  |              |
| ]    | , , , , , , , , , , , , , , , , , , ,                              |               | A STATE OF STATE OF | Last 4 digits of account number   | \$           |
|      | Nonpriority Creditor's Name  |               |                     | When was the debt incurred?   |              |
|      | Number Street  |               |                     | As of the date you file, the claim is: Check all that apply.  |              |
|      | City Who incurred the debt? Check on                               | State         | ZIP Code            | Contingent Unliquidated Disputed  |              |
|      | Debtor 1 only Debtor 2 only  |               |                     | Type of NONPRIORITY unsecured claim:  |              |
|      | Debtor 1 and Debtor 2 only  At least one of the debtors and an     | other         |                     | ☐ Student loans   |              |
|      | ☐ Check if this claim is for a co                                  |               |                     | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |              |
|      | s the claim subject to offset?                                     | -             |                     | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Spe <b>cify</b>               |              |
|      | ☑ No<br>☑ Yes  |               |                     |   |              |
|      |  |               |                     |   |              |

6j. Total. Add lines 6f through 6i.

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|              |   |     | Total claim |           |
|--------------|---|-----|-------------|-----------|
| Total claims | 6a. Domestic support obligations  | 6a. | \$          | 0.00      |
| from Part 1  | 6b. Taxes and certain other debts you owe the government  | 6b. | \$          | 0.00      |
|              | 6c. Claims for death or personal injury while you were intoxicated  | 6c. | \$          | 0.00      |
|              | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                                | 6d. | +\$         | 0.00      |
|              | 6e. Total. Add lines 6a through 6d.   | 6e. | \$          | 0.00      |
|              |   |     | Total claim |           |
| Total claims | 6f. Student loans   | 6f. | \$          | 70,792.00 |
| from Part 2  | 6g. Obligations arising out of a separation agreement<br>or divorce that you did not report as priority<br>claims | 6g. | \$          | 0.00      |
|              | 6h. Debts to pension or profit-sharing plans, and other similar debts   | 6h. | \$          | 0.00      |
|              | <ol> <li>Other. Add all other nonpriority unsecured claims.</li> <li>Write that amount here.</li> </ol>           | 6i. | + \$        | 7,656.00  |
|              |   |     |             |           |

|             |                                  |                                |                                       |                              |   |                              |   | , = = = = = =   |
|-------------|----------------------------------|--------------------------------|---------------------------------------|------------------------------|---|------------------------------|---|---|
| Fi          | ill in this i                    | nformation to                  | identify your                         | case:                        |   | ### h                        |   |   |
| D           | ebtor                            | Jeremy Ja                      |                                       |                              |   |                              |   |   |
| D           | ebtor 2                          | First Name                     | M                                     | iddle Name                   | Last Name                                     |                              |   |   |
| `           | pouse If filing                  |                                |                                       | iddle Name                   | Last Name                                     |                              |   |   |
| U           | nited States                     | Bankruptcy Co                  | urt for the: North                    | ern District of              | Texas   |                              |   |   |
|             | ase number<br>fknown)            |                                |                                       |                              |   |                              |   | Check if this is a                                      |
| L           |                                  |                                |                                       |                              |   |                              |   | amended filing  |
| Of          | fficial                          | Form 10                        | 6G                                    |                              |   |                              |   |   |
|             |                                  |                                |                                       | -m/ C-                       | ntroote e                                     | es el III.                   |   |   |
|             |                                  |                                |                                       | _                            |   |                              | nexpired Leases   | 12/15   |
| info<br>add | ormation.<br>litional pa         | If more space<br>ges, write yo | e is needed, co<br>ur name and c      | ppy the additi<br>ase number | ional page, fill it ou<br>(if known).         | ng togethe<br>it, number     | r, both are equally responsible for s<br>the entries, and attach it to this pag | upplying correct<br>je. On the top of any               |
| 1.          | ☑ No. 0                          | Check this box                 |                                       | rm with the co               | urt with your other s                         |                              | You have nothing else to report on this on Schedule A/B: Property (Official Fo  |   |
| 2.          | List sepa<br>example<br>unexpire | , rent, vehicle                | erson or com<br>e lease, cell ph      | pany with whone). See the    | nom you have the e<br>e instructions for this | contract or<br>s form in the | lease. Then state what each contra<br>e instruction booklet for more example:   | ct or lease is for (for<br>s of executory contracts and |
| Sound       | Person o                         | or company w                   | vith whom you                         | have the co                  | ntract or lease                               |                              | State what the contract or lease  | s for   |
| 2.1         |                                  |                                |                                       |                              |   |                              |   |   |
|             | Name                             |                                | · · · · · · · · · · · · · · · · · · · |                              |   |                              |   |   |
|             | Number                           | Street                         |                                       |                              |   |                              |   |   |
|             | City                             |                                | State                                 | ZIP Code                     |   |                              |   |   |
| 2.2         |                                  |                                |                                       |                              | eru i   | THE A                        | 4.5 m   | 10a   |
|             | Name                             |                                |                                       | _                            |   |                              |   |   |
|             | Number                           | Street                         |                                       |                              |   |                              |   |   |
|             | 0.4                              | ·                              | 04-4-                                 | 710.0-1-                     |   |                              |   |   |
| 2.3         | City                             | 9 - 1 5                        | State                                 | ZIP Code                     | M.,   |                              |   | 100 1   |
|             | Name                             |                                |                                       |                              |   |                              |   |   |
|             | Number                           | Street                         |                                       |                              |   |                              |   |   |
|             | City                             |                                | State                                 | ZIP Code                     | ·, .  | <del>-</del>                 | , N. 9, YS, W.  | Sys.  |
| 2.4         | Name                             |                                |                                       |                              |   |                              |   |   |
|             | INdille                          |                                |                                       |                              |   |                              |   |   |
|             | Number                           | Street                         | _                                     |                              |   |                              |   |   |
|             | City                             |                                | State                                 | ZIP Code                     |   | <del></del>                  |   |   |
| 2.5         |                                  |                                |                                       |                              |   |                              |   |   |
|             | Name                             |                                |                                       |                              |   | _                            |   |   |
|             | Number                           | Street                         |                                       |                              |   | <del></del>                  |   |   |
|             | City                             | ·                              | State                                 | ZIP Code                     |   |                              |   |   |

|                 | Cus                             | C 20 30447                            | num Doc o mieu                                       | 02/01/20             | _IIICICU          | 02/01/2                            | 7 14.15.59 Fage 22 C  | 71 30  |
|-----------------|---------------------------------|---------------------------------------|--|----------------------|-------------------|------------------------------------|---|--|
| Filli           | in this ir                      | iformation to iden                    | tify your case:                                      |                      |                   |                                    |   |  |
| Debt            | tor 1                           | Jeremy James                          | Middle Name  | Last Name            |                   |                                    |   |  |
| Debt            |                                 |                                       |  |                      |                   |                                    |   |  |
|                 |                                 | First Name                            | Middle Name<br>the: Northern District of Tex         | Last Name            |                   |                                    |   |  |
|                 |                                 |                                       |  |                      |                   |                                    |   |  |
|                 | e number<br>nown)               |                                       |  |                      |                   |                                    |   | Check if this is a   |
|                 |                                 |                                       |  |                      |                   |                                    |   | amended filing   |
| Offi            | icial F                         | orm 106H                              |  |                      |                   |                                    |   |  |
| Sc              | hedu                            | ule H: Yo                             | ur Codebtors   | •                    |                   |                                    |   | 12/15  |
| re fil<br>ind n | ing toge<br>umber t             | ther, both are equ                    | ially responsible for suppoxes on the left. Attach t | olvina correct inf   | ormation. If      | more space                         | te and accurate as possible. If t<br>e is needed, copy the Additiona<br>top of any Additional Pages, w  | I Page fill it out   |
| 1. D            | o you h                         | ave any codebtors                     | ? (If you are filing a joint c                       | ase, do not list eit | her spouse a      | as a codebte                       | or.)  | the state of the s |
|                 | ☐ No                            |                                       |  |                      |                   |                                    |   |  |
|                 | Yes<br>Vithin th                | e last 8 vears hav                    | re you lived in a commun                             | ity property state   | or territors      | r2 (Commu                          | nity property states and territories  | in almala  |
|                 |                                 |                                       | puisiana, Nevada, New Me                             |                      |                   |                                    |   | include  |
|                 |                                 | o to line 3.                          |  |                      |                   | _                                  |   |  |
|                 | Yes. D<br>W No                  | -                                     | rmer spouse, or legal equiv                          | alent live with yo   | u at the time     | ?                                  |   |  |
|                 |                                 |                                       | unite e atata a un tanultan e alial co               | linea                |                   | F:11 :- 44                         | name and current address of that  |  |
|                 | <b>—</b> 16                     | ss. III WHICH COITING                 | army state or territory did yo                       | ou live?             |                   | _ FIII III IIIE                    | name and current address of that  | person.  |
|                 | N                               | ame of your spouse, form              | er spouse, or legal equivalent                       |                      |                   | -                                  |   |  |
|                 | -                               |                                       | -  |                      |                   | _                                  |   |  |
|                 | Ni                              | umber Street                          |  |                      |                   |                                    |   |  |
|                 | Ci                              | ty                                    | State  |                      | ZIP Code          | -                                  |   |  |
| s<br>S<br>S     | hown in<br>Schedule<br>Schedule | line 2 again as a of D (Official Form | codebtor only if that pers                           | on is a guaranto     | r or cosign       | er. Make su<br><i>ule G</i> (Offic | nouse is filing with you. List the previous is filing with you. List the previous file of the creditor of the control of the creditor to whom you with the creditor to whom you | on<br>),   |
| ,               | o o i a i i i i                 |                                       |  |                      |                   |                                    | eck all schedules that apply:   | n owe the debt   |
| 3.Ť             | Deird                           | re James                              |  |                      |                   |                                    |   |  |
|                 | Name                            |                                       |  |                      |                   |                                    | Schedule D, line 2.1, 2.3   |  |
|                 | Number                          | earl Way<br>Street                    |  |                      |                   |                                    | Schedule E/F, line<br>Schedule G, line  |  |
|                 | Arling                          | ton                                   | TX_  | 7                    | 76002<br>ZIP Code |                                    |   |  |
| .2              | Only                            | •                                     | Jan  |                      | 2.1 0006          |                                    | e = 640   |  |
|                 | Name                            |                                       |  |                      |                   |                                    | Schedule D, line  |  |
|                 | Number                          | Street                                |  |                      |                   |                                    | Schedule E/F, line  |  |
|                 |                                 |                                       | ··   |                      |                   |                                    | Schedule G, line  |  |
| .3              | City                            |                                       | State  |                      | ZIP Code          |                                    |   |  |
| .0              | Name                            |                                       |  |                      |                   |                                    | Schedule D, line  |  |
|                 |                                 |                                       |  |                      |                   |                                    | Schedule E/F, line  |  |
|                 | Number                          | Street                                |  |                      |                   |                                    | Schedule G, line  |  |
|                 | City                            |                                       | State  |                      | ZIP Code          |                                    |   |  |

Official Form 106H

Schedule H: Your Codebtors

| Fill in this information to identify  | your case:  |                                   |        |                        |  |             |
|---|---|-----------------------------------|--------|------------------------|--|-------------|
| Debtor 1 Jeremy James   |   |                                   |        |                        |  |             |
| First Name  | Middle Name   | Last Name                         |        |                        |  |             |
| Debtor 2<br>(Spouse, if filing) First Name  | Middle Name   | Last Name                         |        | <del></del>            |  |             |
| United States Bankruptcy Court for the:   | Northern District of Texas                                  |                                   |        |                        |  |             |
| Case number   |   |                                   |        | Check                  | f this is:   |             |
| (If known)  |   |                                   |        |                        | amended filing   |             |
|   |   |                                   |        | □ A st                 | ipplement showing postpetition chapter   | 13          |
| Official Form 106l  |   |                                   |        | inco                   | me as of the following date:   |             |
|   |   |                                   |        | MM .                   | DD/YYYY  |             |
| Schedule I: You   |   |                                   |        |                        | 12/15  | j           |
|   | use is not filing with you, o                               | ng jointly, and yi                | our si | couse is living with   | otor 2), both are equally responsible for<br>n you, include information about your spo<br>pouse. If more space is needed, attach a<br>f known). Answer every question. | )US(        |
| Fill in your employment information.  |   | Debtor 1                          |        |                        | Debter 2 or nor diling   |             |
| If you have more than one job,  |   |                                   |        |                        | Debtor 2 or non-filing spouse  | ye <u>n</u> |
| attach a separate page with information about additional                                  | Employment status   | <b>☑</b> Employed                 |        |                        | ☐ Employed   |             |
| employers.  |   | ☐ Not employ                      | /ed    |                        | ☐ Not employed   |             |
| Include part-time, seasonal, or self-employed work.                                       |   |                                   |        |                        |  |             |
| Occupation may include student or homemaker, if it applies.                               | Occupation  | Rideshare D                       | river  |                        |  | _           |
|   | Employer's name   | Uber                              |        |                        |  |             |
|   | Employer's address  | 4.455 Maylook                     | O. "   | 400                    |  |             |
|   | Linployer a ductess   | 1455 Market<br>Number Street      | ठा म   | 400                    | Number Street  |             |
|   |   |                                   |        |                        |  | _           |
|   |   | San Francisc                      | 20     | CA 94103               |  | —           |
|   |   | City                              | Sta    |                        | City State ZIP Code  |             |
|   | How long employed there                                     | ? 1                               |        |                        | 1  |             |
| Part 2: Give Detalls About  | Monthly Income  |                                   |        |                        |  |             |
| Estimate monthly income as of spouse unless you are separated.                            | the date you file this form.                                | . If you have nothi               | ng to  | report for any line, v | rite \$0 in the space. Include your non-filing   |             |
| If you or your non-filing spouse had below. If you need more space, at                    | ve more than one employer,<br>tach a separate sheet to this | , combine the info                | rmati  | on for all employers   | for that person on the lines   |             |
|   |   |                                   |        | For Debtor 1           | For Debtor 2 or  |             |
| O Hatmanii I  |   |                                   |        |                        | non-filing spouse  |             |
| <ol><li>List monthly gross wages, sala<br/>deductions). If not paid monthly, or</li></ol> | ry, and commissions (befor<br>calculate what the monthly w  | ore all payroll<br>vage would be. | 2.     | \$ 1,000.00            | \$0.00   |             |
| 3. Estimate and list monthly overt  | ime pay.  |                                   | 3.     | +\$0.00                | + \$ 0.00  |             |
| 4. Calculate gross income. Add lin  | e 2 + line 3.   |                                   | 4.     | \$ 1,000.00            | \$0.00   |             |

Debtor 1

| Debtor 1  | Jeremy James First Name Middle Name Last Name   |     | C    | ase number (# kno | wn)  |                        |  |
|-----------|---|-----|------|-------------------|------|------------------------|--|
|           |   |     | Fo   | r Debtor 1        |      | otor 2 or<br>ng spouse |  |
| Cop       | y line 4 here   | 4.  | \$_  | 1,000.00          | \$   | 0.00                   |  |
| 5. List a | all payroll deductions:   |     |      |                   |      |                        |  |
| 5a.       | Tax, Medicare, and Social Security deductions   | 5a. | \$_  | 0.00              | \$   | 0.00                   |  |
| 5b.       | Mandatory contributions for retirement plans  | 5b. | \$_  | 0.00              | \$   | 0.00                   |  |
| 5c.       | Voluntary contributions for retirement plans  | 5c. | \$_  | 0.00              | \$   | 0.00                   |  |
| 5d.       | Required repayments of retirement fund loans  | 5d. | \$_  | 0.00              | \$   | 0.00                   |  |
| 5e.       | Insurance   | 5e. | \$_  | 0.00              | \$   | 0.00                   |  |
| 5f.       | Domestic support obligations  | 5f. | \$_  | 0.00              | \$   | 0.00                   |  |
| 5g.       | Union dues  | 5g. | \$_  | 0.00              | \$   | 0.00                   |  |
| 5h.       | Other deductions. Specify:  | 5h. | +\$_ | 0.00              | + \$ | 0.00                   |  |
| 6. Add    | the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.   | 6.  | \$_  | 0.00              | \$   | 0.00                   |  |
| 7. Calc   | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.  | \$   | 1,000.00          | \$   | 0.00                   |  |
| 8. List   | all other income regularly received:  |     |      |                   |      |                        |  |
|           | Net income from rental property and from operating a business, profession, or farm  |     |      |                   |      |                        |  |
|           | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$   | 0.00              | \$   | 0.00                   |  |
| 8b.       | Interest and dividends  | 8b. | \$   | 0.00              | \$   | 0.00                   |  |
|           | Family support payments that you, a non-filing spouse, or a dependence regularly receive  | nt  |      |                   |      |                        |  |
|           | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c. | \$   | 500.00            | \$   | 0.00                   |  |

8d.

8e.

8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 0.00 Specify: 8f 8g. Pension or retirement income 0.00 8g. 0.00 8h. Other monthly income. Specify: 8h. 0.00 0.00

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8q + 8h. 500.00 9.

10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

8d. Unemployment compensation

8e. Social Security

0.00 1,500.00 0.00 10.

0.00

0.00

0.00

0.00

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

1,500.00

12.

1,500.00

0.00

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain:

Been unemployed for 15 consecutive months, looking for gainful employment

| F             | Fill in this i                 | nformation to identify   | y your case:  | = 7.50   |               |   |                                  |
|---------------|--------------------------------|--|---|--|---------------|---|----------------------------------|
| ] [           | Debtor 1                       | Jeremy James   | Middle Name Last Name   | Check if   | this is       |   |                                  |
|               | Debtor 2                       | \ <del></del>  |   | — An ar  |               | filing  |                                  |
|               | Spouse, if filing              | •  | Middle Name Last Name   | I  |               | •   | petition chapter 13              |
|               |                                |  | Northern District of Texas  | expe   | nses as       | of the following  | g date:                          |
|               | Case number<br>(If known)      | <u> </u>   |   | MM /   | DD / YYY      | Υ   |                                  |
| 0             | fficial                        | Form 106J  | = =   |  |               |   |                                  |
| S             | ched                           | lule J: Yo   | ur Expenses   |  |               |   | 12/15                            |
| inf           | ormation.                      | ete and accurate as p<br>If more space is need<br>nswer every question | ossible. If two married people are fili<br>led, attach another sheet to this form<br>i. | ng together, both are equally<br>. On the top of any additiona | respons       | sible for supply<br>write your nam  | ing correct<br>e and case number |
| Pa            | art 1:                         | Describe Your Ho   | usehold   |  |               |   | ψ.                               |
| 1. I          | s this a joi                   | nt case?   |   |  |               |   |                                  |
|               | ☑ No. Go                       |  | separate household?   |  |               |   |                                  |
|               | _                              | No   |   |  |               |   |                                  |
| solveni (GPM) | 1440 T 18-19-19T - M/THE   3-T | Yes. Debtor 2 must fil   | le Official Form 106J-2, Expenses for S   | eparate Household of Debtor 2                                  | 2.            | er or passage and | North Wilder Books               |
|               | -                              | re dependents?   | □ No  | Dependent's relationship to                                    |               | Dependent's   | Does dependent live              |
|               | Debtor 2.                      | ebtor 1 and  | Yes. Fill out this information for each dependent                                       | Debtor 1 or Debtor 2   |               | age   | with you?                        |
|               | Do not state<br>names.         | the dependents'  |   | Daughter   | <del></del> . | 1   | U No<br>☑ Yes                    |
|               |                                |  |   |  |               |   | ☐ No                             |
|               |                                |  |   |  |               |   | ☐ Yes                            |
|               |                                |  |   |  | _             | <del></del>   | ☐ No<br>☐ Yes                    |
|               |                                |  |   |  |               |   | □ No                             |
|               |                                |  |   |  |               | -   | Yes                              |
|               |                                |  |   |  |               |   | ☐ No                             |
|               |                                |  |   |  |               |   | Yes                              |
| е             | xpenses o                      | penses include<br>f people other than<br>d your dependents?            | ☑ No<br>□ Yes   |  |               |   |                                  |
| Par           | t 2: Es                        | timate Your Ongoi  | ng Monthly Expenses   | , ,  |               | 14  | Y 15 799 ™adebal 15 € 207        |
|               |                                |  | bankruptcy filing date unless you a   | re using this form as a suppl                                  | ement in      | a Chanter 13 ce   | ese to report                    |
| exp           |                                | of a date after the ban  | kruptcy is filed. If this is a suppleme   |  |               |   |                                  |
|               |                                |  | n-cash government assistance if you   |  |               |   |                                  |
|               |                                |  | I it on Schedule I: Your Income (Office   | •  |               | Your expen  | ISES                             |
|               | any rent for                   | the ground or lot.   | expenses for your residence. Include  | first mortgage payments and                                    | 4.            | \$  | 750.00                           |
|               |                                | ded in line 4:   |   |  |               | •   | 0.00                             |
|               |                                | estate taxes   | antor's insurance   |  | 4a.           | \$  | 0.00                             |
|               | •                              | rty, homeowner's, or re<br>maintenance, repair, a                      |   |  | 4b.           | \$<br>¢   | 0.00                             |
|               |                                | owner's association or   |   |  | 4c.<br>4d.    | φ<br>\$   | 0.00                             |
|               |                                |  |   |  | →u.           | w   |                                  |

Debtor 1

Jeremy James
First Name Middle Name Last Name

Case number (if known)\_\_\_\_\_

|     |  |          | Your exp |        |
|-----|--|----------|----------|--------|
| 5.  | Additional mortgage payments for your residence, such as home equity loans   | 5.       | \$       | 0.00   |
|     | Utilities:   | 3.       |          |        |
| ٥.  | 6a. Electricity, heat, natural gas   | 0-       |          | 0.00   |
|     | 6b. Water, sewer, garbage collection   | 6a.      | \$       |        |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6b.      | \$       |        |
|     | 6d. Other. Specify:  | 6c.      | \$       | 0.00   |
| 7.  |  | 6d.<br>_ | \$       | 50.00  |
|     | Childcare and children's education costs   | 7.       | \$       |        |
| 8.  |  | 8.       | \$       |        |
| 9.  | Clothing, laundry, and dry cleaning  | 9.       | \$       |        |
| 10. | Personal care products and services  | 10.      | \$       |        |
| 11. | Medical and dental expenses  | 11.      | \$       | 215.00 |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.  | 12.      | \$       | 100.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books   | 13.      | \$       | 0.00   |
| 14. | Charitable contributions and religious donations   | 14.      | \$       | 0.00   |
| 15. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  |          |          |        |
|     | 15a. Life insurance  | 15a.     | \$       | 0.00   |
|     | 15b. Health insurance  | 15b.     | \$       | 0.00   |
|     | 15c. Vehicle insurance   | 15c.     | \$       |        |
|     | 15d. Other insurance. Specify:   | 15d.     | \$       | 0.00   |
|     | <b>-</b>   |          |          |        |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:   | 16.      | \$       | 0.00   |
| 17, | Installment or lease payments:   |          |          |        |
|     | 17a. Car payments for Vehicle 1  | 17a.     | \$       | 501.00 |
|     | 17b. Car payments for Vehicle 2  | 17b.     | \$       | 0.00   |
|     | 17c. Other. Specify:   | 17c.     | \$       | 0.00   |
|     | 17d. Other. Specify:   | 17d.     | \$       | 0.00   |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18.      | \$       | 0.00   |
| 19. | Other payments you make to support others who do not live with you.  |          |          |        |
|     | Specify:   | 19.      | \$       | 0.00   |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom  | ne.      |          |        |
|     | 20a. Mortgages on other property   | 20a.     | \$       | 0.00   |
|     | 20b. Real estate taxes   | 20b.     | \$       | 0.00   |
|     | 20c. Property, homeowner's, or renter's insurance  | 20c.     | \$       |        |
|     | 20d. Maintenance, repair, and upkeep expenses  | 20d.     | \$       | 0.00   |
|     | 20e. Homeowner's association or condominium dues   | 20e.     | \$       | 0.00   |
|     |  |          |          |        |

| Debto   | r 1  | Jeremy Ja<br>First Name | AMES<br>Middle Name                        | Last Name               |                           | Case number (if kn     | own)         |                              |          |
|---|--|-------------------------|--|-------------------------|---------------------------|------------------------|--------------|------------------------------|----------|
| 21. <b>O</b>  | ther. S  | Specify:                |  |                         |                           |                        | 21.          | +\$                          | 0.00     |
| 22. <b>C</b>  | alculat  | e your mont             | hly expenses.                              |                         |                           |                        |              |                              |          |
| 22  | 2a. Add  | l lines 4 throu         | igh 21.                                    |                         |                           |                        | 22a.         | \$                           | 2,321.00 |
| 22  | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |                         |  |                         |                           |                        | 22b.         | \$                           | 0.00     |
| 22  | 2c. Add  | line 22a and            | 22b. The result                            | is your monthly ex      | penses.                   |                        | 22c.         | \$                           | 0.00     |
| 23. <b>Ca</b>   | lculate  | your month              | ly net income.                             |                         |                           |                        |              | I see a constitue management |          |
| 23a   | . Сор  | y line 12 ( <i>yo</i>   | ur combined mo                             | nthly income) from      | Schedule I.               |                        | 23a.         | \$                           | 1,500.00 |
| 23b   | . Cop  | y your montl            | nly expenses fro                           | m line 22c above.       |                           |                        | 23b.         | -\$                          | 2,321.00 |
| 230   |  | -                       | onthly expenses<br>r <i>monthly net in</i> | from your monthly come. | income.                   |                        | <b>23c</b> . | \$                           | -821.00  |
| 24. <b>Do</b>   | you ex   | kpect an inc            | rease or decrea                            | se in your expens       | ses within the year after | er you file this form? |              |                              |          |
| For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? |  |                         |  |                         |                           |                        |              |                              |          |
|   | No.  |                         |  |                         | <i>(</i> -                |                        | WW W VI Plan |                              |          |
|   | Yes.   | Explain he              | re:  |                         |                           |                        |              |                              |          |

| Fill in this information to identify       | your case:                     |
|--|--------------------------------|
| Debtor 1 Jevenny                           | James<br>Middle Name Last Name |
| Debtor 2<br>(Spouse, if filing) First Name | Middle Name Last Name          |
| United States Bankruptcy Court for the:    | N_District of Texas            |
| Case number (If known)                     |                                |

Check if this is an amended filing

### Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1: Summarize Your Assets  |                                   |
|--|-----------------------------------|
|  | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B)  |                                   |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | \$ 0.00                           |
|  | s 0.00<br>14883.99                |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | s_14807-56                        |
| 1c. Copy line 63, Total of all property on Schedule A/B  | 10000                             |
|  | s 14807.56                        |
| Part 2: Summarize Your Liabilities   | (4833 996                         |
|  |                                   |
|  | Your liabilities Amount you owe   |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                  | Amount you owe                    |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ 64538                          |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  | 0                                 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     | \$ 0.00                           |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | -8440                             |
|  | + \$ 78448                        |
| Your total liabilities   | \$ 142986                         |
| Part 3: Summarize Your Income and Expenses   |                                   |
| Ochodula la Verra la correa (Official Forma 1001)  |                                   |
| Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I         | \$_1500.00                        |
|  | 20                                |
| S. Schedule J: Your Expenses (Official Form 106J)  | 2321.                             |
| Copy your monthly expenses from line 22c of Schedule J   | \$                                |

| De | otor 1 First Name Middle Name Last Name Ca  | ase number (if known)  |  |  |  |  |  |
|----|---|--|--|--|--|--|--|
| Pa | Answer These Questions for Administrative and Statistical Records   | 3  |  |  |  |  |  |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  |  |  |  |  |  |  |
|    | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  |  |  |  |  |  |  |
| 7. | What kind of debt do you have?  |  |  |  |  |  |  |
|    | Your debts are primarily consumer debts. Consumer debts are those "incurred by ar family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. | n individual primarily for a personal,<br>oses. 28 U.S.C. § 159. |  |  |  |  |  |
|    | Your debts are not primarily consumer debts. You have nothing to report on this par this form to the court with your other schedules.   | t of the form. Check this box and submit                         |  |  |  |  |  |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.                        | s_\S O O_OO  |  |  |  |  |  |
| 9. | 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:  Total claim  |  |  |  |  |  |  |
|    | From Part 4 on Schedule E/F, copy the following:  |  |  |  |  |  |  |
|    | 9a. Domestic support obligations (Copy line 6a.)  | \$   |  |  |  |  |  |
|    | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)   | \$   |  |  |  |  |  |
|    | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$   |  |  |  |  |  |
|    | 9d. Student loans. (Copy line 6f.)  | <u>\$ 70792</u>  |  |  |  |  |  |
|    | Pe. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)  | \$   |  |  |  |  |  |
|    | Pf. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | + \$   |  |  |  |  |  |
| !  | 9g. <b>Total.</b> Add lines 9a through 9f.  | 5 781418 7079 D  |  |  |  |  |  |

| ·   |                      |           |
|---|----------------------|-----------|
| Debtor 1 Jeveny                           | James<br>Middle Name | Last Name |
| Debtor 2                                  |                      |           |
| (Spouse, if filing) First Name            | Middle Name          | Last Name |
| United States Bankruptcy Court for the: _ | District of          | Texas     |
| Case number                               |                      | <u> </u>  |
| (If known)                                |                      |           |
|   |                      |           |
|   |                      |           |

## Official Form 106Dec

Fill in this information to identify your case

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |
|---|---|
| Did you pay or agree to pay someone who is N      | OT an attorney to help you fill out bankruptcy forms?   |
| No Yes. Name of person                            | Attach Pankruptou Potition Decreased Nation Date (  |
| Tes. Name of person                               | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|   |   |
|   |   |
| Under penalty of perjury, I declare that I have r | ead the summary and schedules filed with this declaration and                                   |
| that they are true and correct.                   |   |
| * Denn  | ×   |
| Signature of Debtor 1                             | Signature of Debtor 2   |
| Date 62/07/2620                                   | Date  |
| MM / DD / YYYY                                    | MM / DD / YYYY  |